

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



**ITEM: 19.14
(ID # 10483)**

MEETING DATE:
Tuesday, August 25, 2020

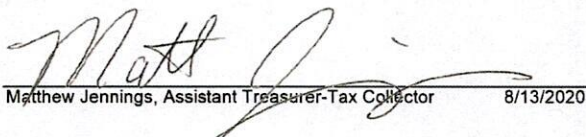
FROM: TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 207, Item 248. Last assessed to: Alfred Bishcoff, District 1. [\$22,443-Fund 65595 Excess Proceeds from Tax Sale-100%]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Cochran Investment Company, Inc., assignee for Rosemary Bischoff, heir to the estate of Alfred Bischoff AKA Alfred Bishcoff for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 371130008-1;
2. Authorize and direct the Auditor-Controller to issue a warrant to Cochran Investment Company, Inc., assignee for Rosemary Bischoff, heir to the estate of Alfred Bischoff AKA Alfred Bishcoff in the amount of \$22,443.17, 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 8/13/2020

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Spiegel, seconded by Supervisor Hewitt 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: August 25, 2020
xc: Treasurer

Kecia R. 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	\$22,443	\$ 0	\$22,443	\$ 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:	20/21

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 Parties of Interest Reports, Assessor's and Recorder's records, as well as other, various research methods used to obtain current mailing addresses for these parties of interest.

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

1. Claim from Cochran Investment Company, Inc., assignee for Rosemary Bischoff, heir to the estate of Alfred Bischoff AKA Alfred Bishcoff based on an an Assignment of Right to Collect Excess Proceeds dated June 6, 2017, Grant Deed recorded June 05, 1968 as Instrument No. 52271, an Affidavit Under California Probate Code Section 13101, a Certificate of Death for Alfred Bischoff, a Record of Marriage recorded February 21, 1980 for Alfred and Rosemary Bischoff, and a Declaration of One and the Same Person dated May 31, 2017 for Rosemary Bischoff.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Cochran Investment Company, Inc., assignee for Rosemary Bischoff, heir to the estate of Alfred Bischoff AKA Alfred Bishcoff be awarded excess proceeds in the amount of \$22,443.17. 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 will be released to the heir of the last assessee.

ATTACHMENTS (if any, in this order):

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

ATTACHMENT A. Claim Cochran


Stephanie Perez, Principal Management Analyst 8/17/2020


Gregory L. Priamos, Director County Counsel 8/4/2020

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

RECEIVED

To: Don Kent, Treasurer-Tax Collector

2017 JUN 19 PM 4:41

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

TC 207 Item 248 Assessment No.: 371130008-1

Assessee: BISHCOFF, ALFRED

Situs:

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 \$ 22,954 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. 203273; recorded on 08/25/1986. 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.

Copy of Driver's License, Copy of Mortuary Papers, Copy of Birth Certificate for Rosemary, Copy of Marriage Certificate, Declaration of One and the Same, Declaration Under Probate Code Section 13101, Assignment of Right to Collect Excess Proceeds

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 13th day of JUNE, 2017 at Orange, California
County, State


Signature of Claimant

Signature of Claimant

Cochran Investment Company, Inc.
Kelly A. Mills, Vice President

Print Name

Print Name

161 Fashion Ln., Ste. 105

Street Address

Street Address

Tustin, CA 92780

City, State, Zip

City, State, Zip

714-731-1820

Phone Number

Phone Number

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

CALIFORNIA JURAT

State of California)

County of Orange)

Subscribed and sworn to (or affirmed) before me on this 13 day

of June, 20 17, by Victoria Nelson, Notary Public
Kelly A Mills

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature *Victoria Nelson*



(Seal)

OPTIONAL INFORMATION

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

Description of Attached Document

This certificate is attached to a document titled/for the purpose of

containing _____ pages, and dated _____.

Additional Information	
Method of Affiant Identification	
Proved to me on the basis of satisfactory evidence: <input type="checkbox"/> form(s) of identification <input type="checkbox"/> credible witness(es)	
Notarial event is detailed in notary journal on: Page # _____ Entry # _____	
Notary contact: _____	
Other	
<input type="checkbox"/> Affiant(s) Thumbprint(s)	<input type="checkbox"/> Describe: _____

COCHRAN INVESTMENT COMPANY, INC.

161 Fashion Ln., Ste. 105, Tustin, CA 92780
Office: (714) 731-1820 ♦ Fax: (714) 731-1848
kmills@cochraninvestment.com

CLAIM SUMMARY

To: County of Riverside Treasurer & Tax Collector

Assessors Parcel Numbers: 371130017-9 and 37113008-1
Last Assessee: Bischoff, Alfred
Sale Date: May 24, 2016
Deadline: July 14, 2017

Dear Treasurer/Tax Collector:

Claimant(s): Cochran Investment Company, Inc.

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

Supporting Documents:

1. Copy of Driver's License
2. Copy of Mortuary Papers
3. Birth Certificate for Rosemary Bischoff
4. Copy of Marriage Certificate
5. Table of Heirship

APN 371130017-9:

1. Copy of Notice of Power to Sell Tax-Defaulted Property recorded as Instrument Number 1986-203274
2. Declaration of One and the Same Person
3. Declaration Under Probate Code Section 13101
4. Assignment of Right to Collect Excess Proceeds
5. Claim Form

APN 37113008-1:

1. Copy of Notice of Power to Sell Tax-Defaulted Property recorded as Instrument Number 1986-203273
2. Declaration of One and the Same Person
3. Declaration Under Probate Code Section 13101
4. Assignment of Right to Collect Excess Proceeds
5. Claim Form

Cochran Investment Company, Inc.

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

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

- One warrant in the amount of \$15118 or 100% of the claimant's share of the excess proceeds made payable to Cochran Investment Company, Inc. and mailed to 161 Fashion Ln., Ste. 105, Tustin, CA 92780.

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

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

Certified Tracking Number: 9405-5036-9930-0055-1494-56

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

F.A. Richman
 213 Ocean Ave.
 Laguna Beach
 California 92651

Name
 Street Address
 City & State

52271 X

RECEIVED FOR RECORD
 JUN 5 1968

32 Min. Past 9 o'Clock P. M.
 At Request of
F.A. Richman
 Recorded in Official Records
 of Riverside County, California
W.D. Balogh
 Recorder
 FEE \$ 2.00

SPACE ABOVE THIS LINE FOR RECORDER'S USE

APPROX I.R.S. \$ NONE IN THIS SPACE

Grant Deed

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
 KATHLEEN A. BISCHOFF, Wife of ALFRED BISCHOFF

hereby GRANT(S) to
 ALFRED BISHCOFF, Husband of KATHLEEN A. BISCHOFF

the following described real property in the
 county of Riverside state of California:

The Southwest 66 feet of the Northeast 590 feet of Lot 17 in Block D
 of Rancho La Laguna, as shown by map on file in Book 6 page 296 of
 Maps, Records of San Diego County, California.

Purpose of this Deed is to terminate the Joint Tenancy heretofore
 existing between ALFRED BISCHOFF and KATHLEEN A. BISCHOFF as to
 the above described property, and place title to the entire property
 in ALFRED BISCHOFF as his sole and separate property.

Dated: November 16, 1961

Kathleen A. Bischoff

STATE OF CALIFORNIA
 COUNTY OF Los Angeles } ss
 On November 16, 1961 before me, the under-
 signed, a Notary Public in and for said County and State, personally
 appeared Kathleen A. Bischoff

_____ known to me
 to be the person whose name is subscribed to the within
 instrument and acknowledged that she executed the same.
 WITNESS my hand and official seal.

(Seal)
 Signature *Frederick V. Richman*
Frederick V. Richman
 Name (Typed or Printed)

Notary Public in and for said County and State
 If executed by a Corporation the Corporation Form of
 Acknowledgment must be used.

Title Order No. _____
 Escrow No. _____

Declaration Under Probate Code Section 13101

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

- 1. That Alfred Bischoff [Name of Decedent], hereinafter "Decedent" died in the City of Burbank, County of Los Angeles, State of California on 09/1984.
- 2. At least 40 days have elapsed since the death of Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.
- 3. Either of the following, as appropriate:
 - No proceeding is now being or has been conducted in California for administration of the decedent's estate.
 - The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
 - The proceeding has been conducted for the administration of the decedent's estate.
- 4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000).
- 5. An Inventory and Appraisal of the real property in the decedent's estate is attached, or
 There is no real property in the estate.
- 6. A description of the property that is to be paid, transferred or delivered to the undersigned under the provisions of the California Probate Code Section 13100:

Excess proceeds from Riverside County Tax Sale on May 24, 2016 for APN # 371130008-1

- 7. CHECK ONE OF THE FOLLOWING and, if applicable, FILL IN THE BLANK:
 - The declarant(s) is/are the successor(s) of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property
Excess proceeds from Riverside County Tax Sale on May 24, 2016 for APN # 371130008-1
 - The declarant(s) is/are authorized under Section 13051 of the California Probate Code to Act on behalf of the successor of the Decedent (as defined in Section 13006 of the California Probate Code) with respect to the Decedent's interest in the described property

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

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

Rosemary Bischoff
Signature

Signature

Signature

Rosemary Bischoff
Name [Print or Type]

Name [Print or Type]

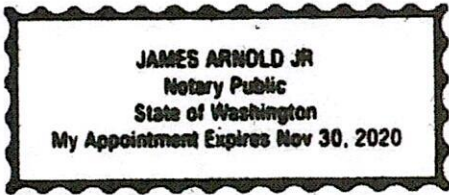
Name [Print or Type]

WASHINGTON SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT
RCW 42.44.100

State of Washington }
County of Thurston } ss.

I certify that I know or have satisfactory evidence that Rosemary Bischoff
Name of Signer

is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.



Dated: 05/31/2017
Month/Day/Year

James Arnold Jr.
Signature of Notarizing Officer

Notary Public
Title (Such as "Notary Public")

Place Notary Seal and/or Stamp Above

My appointment expires: NOV 30, 2020

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Declaration Under Probate Code Section 13101

Document Date: MAY 24, 2016 APN 37113008-1 Number of Pages: 1

Signer(s) Other Than Named Above: _____

JON CHRISTENSEN
ASSISTANT TREASURER-TAX COLLECTOR

DEBBIE BASHE
INFORMATION TECHNOLOGY OFFICER

GIOVANE PIZANO
INVESTMENT MANAGER

KIEU NGO
FISCAL MANAGER



MATT JENNINGS
CHIEF DEPUTY TREASURER-TAX COLLECTOR

August 9, 2017

Cochran Investment Company, Inc.
C/O Kelly A. Mills
161 Fashion Ln., Ste. 105
Tustin, CA 92780

Re: APN: 371130008-1 & 371130017-9
TC 207 Item 248 & 249
Date of Sale: May 24, 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
- ___ Notarized Statement of different/misspelled
- ___ Notarized Authorization to for Agent to Collect Excess Proceeds
- Certified Death Certificate for Alfred Bischoff.
- ___ 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 (**September 09, 2017**). 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@RivCo.org

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION
<ul style="list-style-type: none">■ 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.	A. Signature X
1. Article Addressed to: EP 207 ITEM 248 & 249 Cochran Investment Company, Inc. C/O Kelly A. Mills 161 Fashion Ln., Ste. 105 Tustin, CA 92780	B. Received by (Printed) D. Is delivery address different? If YES, enter delivery address
 9590 9402 1202 5246 5700 35	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
2. Article Number (Transfer from service label) 7003 2260 0004 1556 9109	
PS Form 3811, July 2015 PSN 7530-02-000-9053	

COUNTY OF RIVERSIDE, TREASURER-TAX COLLECTOR

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

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH 0190-043501

STATE FILE NUMBER			STATE OF CALIFORNIA			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST ALFRED			1B. MIDDLE		1C. LAST BISCHOFF		2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR SEPTEMBER 11, 1984 1813	
3. SEX MALE	4. RACE/ETHNICITY WHITE / German		5. SPANISH/HISPANIC NO	6. DATE OF BIRTH MAY 14, 1900		7. AGE 84 YEARS	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS HOURS MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Austria			9. NAME AND BIRTHPLACE OF FATHER Unk Bischoff - Unk			10. BIRTH NAME AND BIRTHPLACE OF MOTHER Amelia Unk - Unk		
11. CITIZEN OF WHAT COUNTRY USA			13. MARITAL STATUS MARRIED			14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) ROSE ✓		
13. PRIMARY OCCUPATION Taxidermist		16. NUMBER OF YEARS THIS OCCUPATION 55		17. YEAR (IF SELF-EMPLOYED, SO STATE) Bischoff's Taxidermist		18. KIND OF INDUSTRY OR BUSINESS Care of Furs Taxidermy		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 6519 MORSE AVE.				19B.		19C. CITY OR TOWN N. HOLLYWOOD		
19D. COUNTY LOS ANGELES			19E. STATE CALIFORNIA		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP ROSE BISCHOFF- WIFE 6519 MORSE AVE. N. HOLLYWOOD, CALIFORNIA			
21A. PLACE OF DEATH RESIDENCE			21B. COUNTY LOS ANGELES		21D. CITY OR TOWN N. HOLLYWOOD			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 6519 MORSE AVE.								
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)					24. WAS DEATH REPORTED TO CORONER? BY-11590	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		(A) <u>ATHEROSCLEROTIC CARDIOVASCULAR DISEASE</u>					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		(B)					25. WAS BIRTH PERFORMED? NO	
		(C)					26. WAS AUTOPSY PERFORMED? NO	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 27A? TYPE OF OPERATION BREAST IMPLANT 1979			28D. PHYSICIAN'S LICENSE NUMBER		
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSIS STATED.			28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE			28C. DATE SIGNED		
28E. TYPE PHYSICIAN'S NAME AND ADDRESS								
29. SPECIFY ACCIDENT, SUICIDE, ETC.			30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH DAY YEAR 32B. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)			34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSIS STATED, AS REGISTERED OR AS I HAVE HAD AN INVESTIGATION.			35B. CORONER—SIGNATURE AND DEGREE OR TITLE			35C. DATE SIGNED		
36 DISPOSITION Burial			37. DATE—MONTH DAY YEAR 9/27/1984		38. NAME AND ADDRESS OF CEMETERY OR CREMATOR FOREST LAWN METCAL PARK		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE 91200 1365 Wayne A. Burdick	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) FOREST LAWN GLENDALE			40B. LICENSE NO. 656		41. LOCAL REGISTRAR SIGNATURE [Signature]		42. DATE ACCEPTED BY LOCAL REGISTRAR SEP 14 1984	
STATE REGISTRAR			A.		B.		C.	
			D.		E.		F.	

INFORMATIONAL
NOT A VALID DOCUMENT
TO ESTABLISH IDENTITY

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C. Logan
DEAN C. LOGAN
Registrar-Recorder/County Clerk

OCT 23 2017



100002014828

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



CALOSANG02

87604-449 8-83 600M DUP 05P

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

AFFIDAVIT TO AMEND A RECORD

84 11452

[] BIRTH [x] DEATH [] FETAL DEATH [] MARRIAGE

0190 043501

STATE CERTIFICATE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE

Form with fields: 1a. FIRST NAME (ALFRED), 1b. MIDDLE NAME, 1c. LAST NAME (BISCHOFF), 2. SEX (MALE), 3. DATE OF EVENT (SEPTEMBER 11, 1984), 4. PLACE OF OCCURRENCE (N. Hollywood - Los Angeles), 5. NAME OF FATHER (Unk Bischoff - Unk), 6. BIRTH NAME OF MOTHER (Amelia Unk - Unk)

PART II STATEMENT OF CORRECTIONS

2 of 2

Table with 3 columns: 7. ITEM NUMBER (14), 8a. ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD (Rose), 8b. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE (Rose Martinez). Includes reason for correction: 'Correcting Information Given at Time of Arrangements'.

PART III SUPPORTING AFFIDAVITS

Two supporting affidavits from Mortuary Clerk, signed 11/7/1984, at Forest Lawn Memorial Park, 1712 S. Glendale Ave, Glendale, CA 91208. Includes date accepted: NOV 28 1984.

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 1-80) FORM VS-2

CALOSANGDC2

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Signature: Dean C. Logan, DEAN C. LOGAN, Registrar-Recorder/County Clerk

OCT 23 2017



1000002014829

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



Marquez, Miriam C.

From: Marquez, Miriam C.
Sent: Thursday, January 10, 2019 5:08 PM
To: 'Assistant'
Subject: RE: In Regards to APN 371130008-1 and 371130017-9

Re: APN: 371130008-1/371130017-9
TC 207 Item 248 & 249
Date of Sale: May 24, 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 Treasurer-Tax Collector in making the determination.

- Notarized Affidavit under CA Probate Code 13100
- Notarized Statement of different/misspelled
- Original Notarized Authorization for Agent to Collect Excess Proceeds
- Notarized Assignment of Right to Collect Excess Proceeds
- Certified Death Certificate
- Copy of Birth Certificates for
- Copy of County Marriage Certificate for Alfred and Rosemary Bischoff
- 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 (**February 10, 2019**). If you should have any questions, please contact me at the number listed below.

Sincerely,

Miriam C. Marquez

Sr. Accounting Assistant
Tax Sale Operations/Excess Proceeds

Tel 951 955-3336/Fax 951 955-3990

From: Assistant <Assistant@Cochraninvestment.com>
Sent: Wednesday, January 9, 2019 1:49 PM
To: Marquez, Miriam C. <MCMarquez@RIVCO.ORG>
Subject: In Regards to APN 371130008-1 and 371130017-9
Importance: High

Good Afternoon Mariam,

I wanted to see if I can get an update for our client Rosemary Bischoff. If you need any further information please let me know!

Client Information:

Name: Rosemary Bischoff
Amount 1 : 22,954.00
Date 1: May 24, 2016
APN Number: 371130008-1
Amount 2: 15,118.00
Date 2: May 24, 2016
APN Number 2: 371130017-9

Have a great day!

-Stephanie

Stephanie Castillo, Assistant | Cochran Investment Company, Inc.
161 Fashion Ln., Ste 105 | Tustin, CA 92780
T: (714) 731-1820 | F: (714) 731-1848
Office Cell: (714) 393-6958
Hours: Tuesday-Friday 9:00 – 4:30
Assistant@cochraninvestment.com
www.cochraninvestment.com

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

80-1447

CONFIDENTIAL

RECORD OF MARRIAGE

TO BE FILED WITH THE COUNTY CLERK

PURSUANT TO 4213 CIVIL CODE

COUNTY CLERK'S NUMBER

PERSONAL DATA OF HUSBAND	1A. NAME OF HUSBAND—FIRST NAME ALFRED	1B. MIDDLE NAME None	1C. LAST NAME BISCHOFF		
	2. DATE OF BIRTH—MONTH, DAY, YEAR 5-14-1900	3. AGE (LAST BIRTHDAY) 79 YEARS	4. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Austria		
	5A. NAME OF FATHER OF HUSBAND Lawrence Bischoff	5B. BIRTHPLACE OF FATHER (STATE OR FOREIGN COUNTRY) Germany	6A. BIRTH NAME OF MOTHER OF HUSBAND Emilia Clueckert	6B. BIRTHPLACE OF MOTHER (STATE OR FOREIGN COUNTRY) Germany	
	PERSONAL DATA OF WIFE				
7A. NAME OF WIFE—FIRST NAME ROSEMARY	7B. MIDDLE NAME None	7C. LAST NAME BISCHOFF			
8. DATE OF BIRTH—MONTH, DAY, YEAR 7-16-42	9. AGE (LAST BIRTHDAY) 37 YEARS	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Colorado			
11A. NAME OF FATHER OF WIFE Brige Martinez	11B. BIRTHPLACE OF FATHER (STATE OR FOREIGN COUNTRY) Colorado	12A. BIRTH NAME OF MOTHER OF WIFE Rosie Roy	12B. BIRTHPLACE OF MOTHER (STATE OR FOREIGN COUNTRY) Colorado		
RESIDENCE OF HUSBAND AND WIFE		13A. RESIDENCE—STREET ADDRESS (STREET AND NUMBER, RURAL ADDRESS, OR LOCATION) 1933 Redesdale Avenue		13B. CITY OR TOWN Los Angeles	
		13C. COUNTY (IF OUTSIDE CALIFORNIA, ENTER STATE) California			
AFFIDAVIT OF HUSBAND AND WIFE					
17. THE HUSBAND AND WIFE NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF, STATE THAT THE FOREGOING INFORMATION IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, AND THAT WE ARE AN UNMARRIED MALE AND AN UNMARRIED FEMALE, NOT MINORS, AND HAVE BEEN LIVING TOGETHER AS HUSBAND AND WIFE.					
14A. SIGNATURE OF HUSBAND <i>Alfred Bischoff</i>		14B. SIGNATURE OF WIFE <i>Rosemary Bischoff</i>			
15. I HEREBY CERTIFY THAT THE ABOVE NAMED MAN AND WOMAN WERE JOINED BY THEM IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA		16A. SIGNATURE OF PERSON PERFORMING CEREMONY AND OFFICIAL TITLE <i>Rev. Carmen Pallais</i> MINISTER			
16B. NAME OF PERSON PERFORMING CEREMONY FULLY OR PARTIALLY LOS ANGELES, CALIFORNIA		16C. ORGANIZATION IF PREST., BRANCH, OR NAME UNIVERSAL LIFE CHURCH INC.			
17. DATE ACCEPTED FOR FILING FEB 21 1980		18. COUNTY CLERK—SIGNATURE <i>John J. Corcoran</i> DEPUTY			

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

FORM VP 100 (2-78)

CALOSANG02

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C. Logan
DEAN C. LOGAN
Registrar-Recorder/County Clerk

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



1000003008441



DECLARATION
OF ONE AND THE SAME PERSON

I, Rosemary Bischoff do hereby declare:

1. I am over the age of 18 and a resident of Yelm, WA. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. I am one and the same person as Rosemary Bischoff as noted on my Oregon Drivers License.
3. I am one and the same person as Rosemary Bischoff and Rosemary M. Bischoff.
4. I am one and the same person who assigned the excess proceeds to Cochran Investment Company, Inc., for Riverside County Assessors Parcel Number 371130008-1, on MAY 31 2017.

I declare under penalty of perjury that the foregoing is true and correct. Executed the 31 day of MAY, at 2017.

x Rosemary Bischoff
Signed

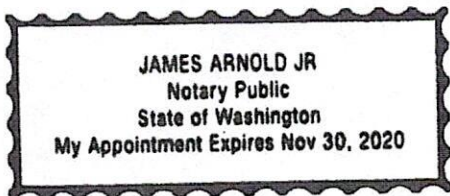
JURAT

Subscribed and sworn to (or affirmed) before me on this

31 day of MAY, 2017 by
Date Month Year

JAMES ARNOLD JR, Notary
Name of Signer

"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 WA

County of Thurston

Proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature James Arnold Jr
Signature of Notary Public

(Place Notary Seal Above)

COCHRAN INVESTMENT COMPANY, INC.

161 Fashion Ln., Ste. 105, Tustin, CA 92780
Office: (714) 731-1820 ♦ Fax: (714) 731-1848
kstill@cochraninvestment.com

County of Riverside
Don Kent, Treasurer-Tax Collector
P.O. Box 12005
Riverside, CA 92502

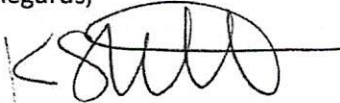
Re: 371130008-1 & 371130017-9

Dear Miriam:

As per your request, enclosed is the notarized Declaration of One and the Same for our client, Rosemary Bischoff.

Thank you in advance for your courtesy and cooperation in this matter, and please let me know if you require anything further in order to update our address in your system.

Regards,

A handwritten signature in black ink, appearing to read 'K. Still', with a long horizontal line extending to the right.

Kelsey Still

DECLARATION
OF ONE AND THE SAME PERSON

I, Rosemary Bischoff do hereby declare:

1. I am over the age of 18 and a resident of Yelm, WA. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. I am one and the same person as Rosemary Bischoff as noted on my Oregon Drivers License.
3. I declare that Alfred Bischoff was one and the same person as Al Bischoff, Alfred Bischoff, and Alfred Bishcoff.
4. I am one and the same person as Rosemary Bischoff, Rosemary M. Bischoff, Rosemary Martinez, Rose Bischoff, Rose M. Bischoff, and Rose Martinez.
5. I am one and the same person who assigned the excess proceeds to Cochran Investment Company, Inc., for Riverside County Assessors Parcel Number 371130008-1 & 371130017-9, on 5/31/17

I declare under penalty of perjury that the foregoing is true and correct. Executed the 29 day of July 2017, at Klamath Falls, OR.

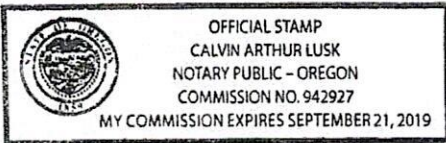
x Rosemary Bischoff
Signed

JURAT

Subscribed and sworn to (or affirmed) before me on this

29 day of July, 2017 by
Date Month Year

Rosemary Bischoff
Name of Signer



"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 Oregon

County of Klamath

Proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Calvin A. Lusk
Signature of Notary Public

(Place Notary Seal Above)

ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to Cochran Investment Company, Inc. my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 371130008-1 sold at public auction on May 24, 2016 I understand that the total of excess proceeds available for refund is \$ 22,954 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.

Rosemary Bischoff

(Signature of Party of Interest/Assignor)

Rosemary Bischoff

(Name Printed)

18449 Rampart Drive SE

(Address)

STATE OF Washington)ss.
COUNTY OF Thurston)

Yelm, WA 98597

(City/State/Zip)

360-972-1259

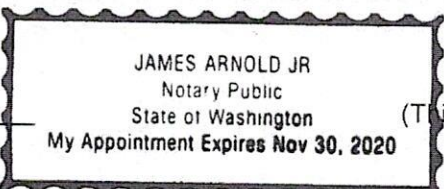
(Area Code/Telephone Number)

On 31 May 2017, before me James Arnold Jr, Notary personally appeared Rosemary Bischoff, 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.
James Arnold Jr

(Signature of Notary)



(This area for official seal)

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

Kelly A. Mills

(Signature of Assignee)

Kelly A. Mills

(Name Printed)

161 Fashion Ln., Ste. 105

(Address)

STATE OF CALIFORNIA)ss.
COUNTY OF Orange)

Tustin, CA 92780

(City/State/Zip)

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

WITNESS my hand and official seal.

(Signature of Notary)

Attached

(This area for official seal)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

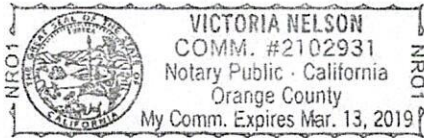
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of ORANGE)
On June 6, 2017 before me, Victoria Nelson Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Kelly A Mills
Name(s) of Signer(s)

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]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____
Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____