

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



**ITEM: 19.7
(ID # 9896)**

MEETING DATE:
Tuesday, January 26, 2021

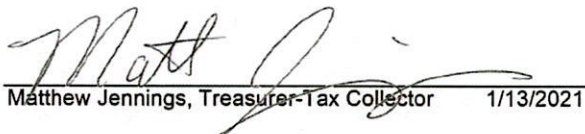
FROM: TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 209, Item 391. Last assessed to: Eileen J. Smith, 50% and Gene P. Smith, 50%. District 3. [\$8,126-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Gene Smith AKA Gene P. Smith, as an individual claimant, and as heir to the estate of Eileen J. Smith AKA Eileen Joyce Smith, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 584170016-8;
2. Authorize and direct the Auditor-Controller to issue a warrant to Gene Smith AKA Gene P. Smith in the amount of \$8,126.86, 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, Treasurer-Tax Collector 1/13/2021

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Washington, 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: January 26, 2021
xc: Treasurer, Auditor

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	\$8,126	\$ 0	\$8,126	\$ 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 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 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 Gene Smith AKA Gene P. Smith based on an Order for Final Distribution recorded August 03, 2010 as Instrument No. 2010-0362299, and as heir to the estate of Eileen J. Smith AKA Eileen Joyce Smith based on an Affidavit for Collection of Personal Property pursuant to California Probate Code 13100 et Seq., and a Certificate of Death for Eileen Joyce Smith.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Gene Smith AKA Gene P. Smith be awarded excess proceeds in the amount of \$8,126.86. 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 released to the last assessee of the property.

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Smith

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



Stephanie Perez, Principal Management Analyst 1/20/2021



Gregory V. Priamos, Director County Counsel 10/22/2020

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 209 Item 391 Assessment No.: 584170016-8

Assessee: SMITH, EILEEN J & GENE P

Situs:

Date Sold: May 2, 2017

Date Deed to Purchaser Recorded: June 21, 2017

Final Date to Submit Claim: June 21, 2018

2018 APR 25 PM 8:28
RECEIVED
RIVERSIDE COUNTY
TREASURER-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$8126.86 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. 095781; recorded on July 13, 2010. 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.

- Property Tax Bill
- Order for Final Distribution on report on waiver of Account.
- Eileen J Smith Death Certificate

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 19 day of April, 2018 at Maricopa, AZ
County, State

Gene Smith
Signature of Claimant

Signature of Claimant

Gene Smith
Print Name

Print Name

923 East Joy Ranch Rd
Street Address

Street Address

Phoenix, AZ 85086
City, State, Zip

City, State, Zip

602 540 5778
Phone Number

Phone Number

DOC # 2010-0362299
 08/03/2010 08:00A Fee:30.00

PLEASE COMPLETE THIS INFORMATION
 RECORDING REQUESTED BY:

CATHY A.

AND WHEN RECORDED MAIL TO:

X L/O STEARNS KIM & STEARNS
 3424 CARSON ST.
 SUITE 670
 TORRANCE, CA. 90503

Page 1 of 6
 Recorded in Official Records
 County of Riverside
 Larry W. Ward
 Assessor, County Clerk & Recorder



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TRA: ORDER FOR FINAL DISTRIBUTION ✓
 DTT:

3

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051

Title of Document

THIS AREA FOR
 RECORDER'S
 USE ONLY

THIS PAGE ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING INFORMATION
 (\$3:00 Additional Recording Fee Applies)

ACR 238P-AS4RE0 (Rev. 06/2007)

1 Ryan E. Stearns, SBN 165262
2 Lauren B. Brown, SBN 246615
3 STEARNS KIM & STEARNS
4 3424 Carson Street, Suite 670
5 Torrance, CA 90503
6 Telephone: (310) 793-9570
7 Fax: (310) 793-9575

8 Attorneys for Eileen J. Smith



FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE

JUL 13 2010

9 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
10 **FOR THE COUNTY OF RIVERSIDE**

11 Estate of

12 Eugene Clem Smith,
13 Deceased.

14) CASE NO. RIP 095781

15) **ORDER FOR FINAL DISTRIBUTION ON**
16) **REPORT ON WAIVER OF ACCOUNT,**
17) **FOR WAIVER OF EXECUTOR'S**
18) **COMPENSATION, FOR STATUTORY**
19) **ATTORNEY'S FEES**

20) Date: July 9, 2010

21) Time: 8:30 a.m.

22) Dept: 11

23 Petitioner EILEEN J. SMITH, having filed her Report on Waiver of Account and Petition for
24 Final Distribution, For Waiver of Executor's Compensation and For Statutory Attorney's Fees, and the
25 matter coming regularly for hearing on July 9, 2010, in Department 11, the Honorable Joan F. Burgess,
26 Commissioner presiding.

27 IT IS ORDERED that:

- 28 1. The administration of the estate is brought to a close without an account.
- 29 2. The administrator has in her possession belonging to the estate, real property at the
30 appraised value of \$420,000.00, before payment of fees, commissions or distribution.
- 31 3. All acts and transactions of the administrator relating to the matters set forth in the report
32 and petition are confirmed and approved.
- 33 4. Petitioner has waived her right to compensation for services rendered in administering
34 the estate.

1 5. Petitioner is authorized and directed to pay to Stearns, Kim & Stearns the sum of
2 \$11,400.00, as statutory compensation for services rendered in administration of the estate.

3 6. The decedent died intestate. The following described property of the Estate is to be
4 distributed 50% to Eileen J. Smith and 50% to Gene P. Smith.

5 a. 2.00 acres of vacant land located in the County of Riverside, State of California and
6 legally described as:

7 That portion of the West one-half of the Southeast one-quarter of the Southwest one-
8 quarter of the Section 17, Township 6 South, Range 3 West, San Bernardino base and
9 meridian, described as follows:

10 Beginning at a point on the North line of the said West half of the Southeast quarter of
11 the Southwest quarter, which bears north 89° 54' East, a distance of 330.1 feet from the
12 Northwest corner of the said West half of the Southeast quarter of the Southwest quarter;
13 thence North 89° 54' East, along the North line of the said West half of the Southeast
14 quarter of the Southwest quarter, a distance of 330.1 feet, to the Northeast corner of the
15 said West half of the Southeast quarter of the Southwest quarter; thence South 00° 26'
16 West, along the East line of the said West one half of the Southeast quarter of the
17 Southeast quarter, a distance of 264.48 feet; thence South 89° 54' West, and parallel with
18 the North line of the said West half of the Southeast quarter of the Southwest quarter, a
19 distance of 330.1 feet; thence North 00° 26' East, and parallel with the East line of the
20 said West half of the Southeast quarter of the Southwest quarter, a distance of 264.48
21 feet to the point of beginning.

22 APN: 362-050-003

23 b. 2.61 acres of vacant land located in the County of Riverside, State of California and
24 legally described as:

25 Lot 645 of Tract No. 3925 Lake Riverside Estates, as recorded in Book 65, Pages 15
26 through 43, in the office of the County of Riverside, dated March 25, 1970 and as
27 amended by Certificate of Correction recorded February 16, 1973, as Instrument No.
28 20585, in the office of the County Recorder of said County.

1 Except 50% of all metals and minerals and all petroleum, natural gas and other
2 hydrocarbon substances in or under said property and every part thereof and the right to
3 extract same, but without right of entry upon or through said real property except
4 beneath a depth of 500 feet below the present surface of said real property, as reserved in
5 that Declaration of Covenants, Conditions and Restrictions executed by Grayco Land
6 Escrow, Ltd., a corporation, and recorded April 10, 1970 as Instrument No. 33659.

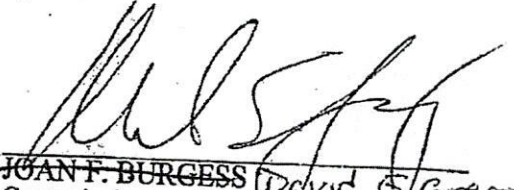
7 PARCEL 2:

8 A non-exclusive easement for ingress, egress, and public utility purposes in and over
9 those portions of Tract No. 3925 in the County of Riverside, State of California, as per
10 map recorded in Book 65, Page 15, of Maps in the office of the County Recorder of said
11 County shown as road easements on said map.

12 APN: 584-170-016

13 8. Any other property of the decedent, not now known or discovered, that may belong to
14 the estate or in which the decedent or the estate may have any interest is to be distributed 50% to Eileen
15 J. Smith and 50% to Gene P. Smith.

16 Dated: 7-9-10

17 
18 ~~JOANT BURGESS~~ (David E. Gregory)
19 Commissioner of the Superior Court
20 Judge Pro Tem

AFFIDAVIT

to comply with California Probate Code §§ 13100-13115

1. The undersigned hereby declare(s):
2. I make this declaration to induce Riverside County Treasurer to transfer to me the described property pursuant to California Probate Code §§13100-13115.
3. Eileen Joyce Smith died at home, while a resident of the City of Phoenix, County of Maricopa, Arizona, on or about, 08/26/2017, leaving no will.
4. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.
5. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
6. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in California Probate Code §13050 does not exceed one hundred fifty thousand dollars (\$150,000) and includes the following:

THE LEFT-OVER PROCEEDS FROM THE PROPERTY TAX SALE OF TC 209 Item 175 & 391, APN 362050003-3 AND 584170016-8, Date of Sale: May 02, 2017

7. The affiant or declarant is the successor of the decedent [as defined in California Probate Code §13000] 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. My name, address, relationship to the decedent and age are as follows:

GENE PAUL SMITH
923 EAST JOY RANCH RD, PHOENIX, AZ 85086
EILEEN JOYCE SMITH'S SON
AGE 41

10. The affiant or declarant requests that the described property be paid, delivered, or transferred to the affiant or declarant.
11. I agree to hold Riverside County Treasurer free and harmless and indemnify itself against all liability, claims, demands, loss, damages, costs and expense whatsoever that [he/she/it] may incur because of the transfer, payment, or delivery to me of the property.
12. The affiant or declarant affirms or declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

State of ARIZONA
County of MARICOPA
The foregoing instrument was acknowledged before me this 28 day of JUN, 2018
by, _____
My commission expires 08/05/18
Notary Public

Dated: 7/28/18

Signature: Gene Smith

Subscribed and sworn to me before this 28 day of JUN, 2018

MARICOPA, ARIZONA
Notary Public in and for said County and State

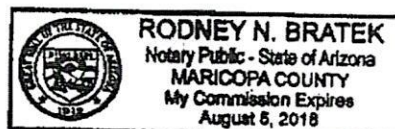
My Commission expires on: 08/05/18

AFFIDAVIT

To comply with California Probate Code §§13100-13115

SB-13100, Rev. 05-2014

Optional



STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

State File NO. 102- 2017-040832

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) EILEEN JOYCE SMITH				2. AKA'S (IF ANY)				3. DATE OF DEATH FOUND 08/26/2017									
4. SEX FEMALE		5. SOCIAL SECURITY NUMBER:		6. DATE OF BIRTH 04/01/1937		7. AGE 80		8. MONTHS UNDER 1 YEAR		9. DAYS UNDER 1 DAY		10. HOURS		11. MINUTES			
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R. OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL						13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER											
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): 1729 W TANYA RD								15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: PHOENIX 85086				16. COUNTY OF DEATH: MARICOPA					
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): HOOSICK FALLS, NEW YORK						18. MARITAL STATUS AT TIME OF DEATH: WIDOWED				19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)							
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 1729 W TANYA RD						21. CITY AND COUNTY: PHOENIX, MARICOPA				22. STATE ARIZONA		23. ZIP CODE 85086		24. EVER IN THE ARMED FORCES YES			
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN				26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE				27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:									
28. OCCUPATION: CASHIER						29. FATHER'S NAME (FIRST, MIDDLE, LAST): UNKNOWN COON						30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE): UNKNOWN UNKNOWN					
31. INFORMANT'S NAME GENE PAUL SMITH						32. RELATIONSHIP SON		33. INFORMANT'S MAILING ADDRESS: 923 E JOY RANCH RD, PHOENIX, ARIZONA 85086									
34. NAME AND ADDRESS OF FUNERAL FACILITY: PHOENIX MEMORIAL PARK AND MORTUARY 200 WEST BEARDSLEY ROAD, PHOENIX, AZ						35. FUNERAL DIRECTOR: CARMEN COZART, FUNERAL DIRECTOR				36. LICENSE NUMBER: F1489							
37. METHOD(S) OF DISPOSITION: CREMATION		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: GREENWOOD MEMORY LAWN CREMATORY, PHOENIX, ARIZONA				39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE											
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I																	
40. IMMEDIATE CAUSE OF DEATH		40. A MULTIFACTORIAL CARDIOVASCULAR DISEASE						41. APPROXIMATE INTERVAL YEARS									
42. B								43. APPROXIMATE INTERVAL:									
44. C								45. APPROXIMATE INTERVAL:									
46. D								47. APPROXIMATE INTERVAL:									
CAUSE OF DEATH PART II																	
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE: CHRONIC HEAT STRESS						49. INJURY? NO		50. INJURY AT WORK? NO		51. MANNER OF DEATH NATURAL DEATH		52. TIME OF DEATH 1956					
						53. WAS AN AUTOPSY PERFORMED? YES		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? YES									
CAUSE AND MANNER OF DEATH CERTIFICATION																	
<input type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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) and manner stated.						55. NAME OF PERSON COMPLETING CAUSE OF DEATH: AMANDA E. MASKOVYAK, M.D.				56. DATE CERTIFIED: 08/29/2017							
57. CERTIFIER'S ADDRESS: 701 W JEFFERSON ST PHOENIX, AZ 85007						58. NAME OF REGISTRAR: MICHELE CASTANEDA-MARTINEZ				59. DATE REGISTERED: 09/22/2017							

DATE ISSUED: 09/25/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA
Revised 07/2016

Krystal Colburn
KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR



ARIZONA DEPARTMENT OF HEALTH SERVICES

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

J0586177