

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



ITEM: 19.5
(ID # 11717)

MEETING DATE:

Tuesday, March 30, 2021

FROM: TREASURER-TAX COLLECTOR:

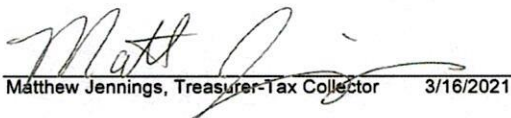
SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 207, Item 962. Last assessed to: Gerald A. Iovine, an unmarried man. District 4. [\$14,354 - 100% Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from County of Riverside, Code Enforcement Department for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 693075006-2;
2. Approve the claim from Heirfinders Research Associates LLC, assignee for Jennalee Vazquez AKA Jennalee Jean Iovine, heir to the Estate of Gerald A. Iovine, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 693075006-2;
3. Approve the claim from Heirfinders Research Associates LLC, assignee for Jamison Iovine AKA Jamison Scott Iovine, heir to the Estate of Gerald A. Iovine, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 693075006-2;
4. Deny the claim from Tri Palm Unified Owners Association for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 693075006-2;

Continued on Page 2

ACTION: Policy


Matthew Jennings, Treasurer-Tax Collector 3/16/2021

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: March 30, 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**

RECOMMENDED MOTION: That the Board of Supervisors:

5. Authorize and direct the Auditor-Controller to issue a warrant to County of Riverside, Code Enforcement Department in the amount of \$310.10, Heirfinders Research Associates LLC, assignee for Jennalee Vazquez AKA Jennalee Jean Iovine, heir to the Estate of Gerald A. Iovine in the amount of \$7,022.28, and Heirfinders Research Associates LLC, assignee for Jamison Iovine AKA Jamison Scott Iovine, heir to the Estate of Gerald A. Iovine in the amount of \$7,022.28, 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.

Continued on Page 3

**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	\$14,354	\$ 0	\$14,354	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: 100% 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 four claims for excess proceeds:

1. Claim from County of Riverside, Code Enforcement Department based on Notice of Pendency of Administrative Proceedings recorded on March 03, 2014 as Instrument No. 2014-0080582.
2. Claim from Heirfinders Research Associates LLC, assignee for Jennalee Vazquez AKA Jennalee Jean Iovine, heir to the Estate of Gerald A. Iovine based on an Assignment of Right to Collect Excess Proceeds dated March 10, 2017, a Grant Deed recorded August 31, 2000 as Instrument No. 2000-343652, a Declaration under Probate Code 13101, and a Certificate of Death for Gerald Albert Iovine.
3. Claim from Heirfinders Research Associates LLC, assignee for Jamison Iovine AKA Jamison Scott Iovine, heir to the Estate of Gerald A. Iovine based on an Assignment of Right to Collect Excess Proceeds dated March 10, 2017, a Grant Deed recorded August 31, 2000 as Instrument No. 2000-343652, a Declaration under Probate Code 13101, and a Certificate of Death for Gerald Albert Iovine.
4. Claim from Tri Palm Unified Owners Association based on copies of bills.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that the County of Riverside, Code Enforcement Department be awarded excess proceeds in the amount of \$310.10, Heirfinders Research Associates LLC, assignee for Jennalee Vazquez AKA Jennalee Jean Iovine, heir to the Estate of Gerald A.

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

lovine be awarded excess proceeds in the amount of \$7,022.28, and Heirfinders Research Associates LLC, assignee for Jamison lovine AKA Jamison Scott lovine, heir to the Estate of Gerald A. lovine be awarded excess proceeds in the amount of \$7,022.28. The claim from Tri Palm Unified Owners Association be denied since they had no recorded interest at the time of sale. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to claimants by certified mail.

Impact on Residents and Businesses

Excess proceeds will be released to a lienholder and the heirs to the estate of the last assessee of the property.

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Code

ATTACHMENT B. Claim HeirJV

ATTACHMENT C. Claim HeirJI

ATTACHMENT D. Claim Tri


Stephanie Perez, Principal Management Analyst 3/23/2021


Gregory L. Prietos, Director County Counsel 2/18/2021

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

RECEIVED
2017 JUL 10 PM 4:57
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 207 Item 962 Assessment No.: 693075006-2

Assessee: IOVINE, GERALD A

Situs: 32545 ST ANDREWS DR THOUSAND PALMS 92278

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 \$ 333¹⁰ 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. 2014-0080582, recorded on 03/03/2014. 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.

See attachment for back-up.

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 29th day of June, 2017 at Riverside, CA
County, State

[Signature]
Signature of Claimant

Signature of Claimant

Valerie Lam
Print Name

Print Name

4080 Lemon St, 14th floor
Street Address

Street Address

Riverside, CA 92501
City, State, Zip

City, State, Zip

(951) 955-1836
Phone Number

Phone Number

When recorded please mail to:
 Riverside County Code Enforcement Department
 (District 4 Office)
 77588 El Duna Ct, Palm Desert, CA 92211
 Mail Stop No. 4016

DOC # 2014-0080582

03/03/2014 03:13P Fee:NC

Page 1 of 1

Recorded in Official Records
 County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



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NOTICE OF PENDENCY OF ADMINISTRATIVE PROCEEDINGS

In the matter of the public nuisance or other code violation(s) on Property of)

GERALD A IOVINE)

Case No.: CV13-04558

And DOES I through X, owners

NOTICE IS HEREBY GIVEN to all persons, pursuant to Section 14 of Ordinance Number 725 of the County of Riverside, State of California, that administrative proceedings have been commenced with respect to the structure or land located upon the following described real property in the County of Riverside:

ADDRESS: 32545 St Andrews Dr, Thousand Palms, Ca 92276

PARCEL #: 693-075-006

LEGAL DESCRIPTION: Lot 155 MB 058/038 TR 3640 of Sec 20 T4SR6E

VIOLATIONS: RCO 457: RCC 15.48.040 Substandard Mobile Home/RV

that such proceedings are based upon the noncompliance of such structure or land with the requirements of Ordinances (Riverside County Codes) listed above that every owner of said real property waives his right to hearing on such proceedings unless he makes a proper request in the form and within the time prescribed by the Code cited; and that failure to comply with the lawful orders of the Code Enforcement Director and/or authorized agents of the County of Riverside heretofore and hereafter issued relative to the above matter may result in demolition of the offending structure, abatement of the public nuisance or other available legal remedies and assessment of the costs, expenses, and administrative costs thereof to the property heretofore described as a tax and special assessment lien on such property; that any purchaser, his heirs, or assigns acquiring said property subsequent to the recording of the Notice with the County Recorder shall have such interest subject and subordinate to said tax and assessment lien.

Notice is Further Given in accordance with §17274 and §24436.5 of the California Revenue and Taxation Code, that a tax deduction may not be allowed for interest, taxes, depreciation or amortization paid or incurred in the taxable year affected by these proceedings.

COUNTY OF RIVERSIDE
 DEPARTMENT OF CODE ENFORCEMENT

By: H. Herrera
 Hector Herrera, Senior Code Enforcement Officer

Dated: February 26, 2014

ACKNOWLEDGEMENT

State of California)
 County of Riverside)

On 3.3.14 before me, Sara C. Nunez, Notary Public, personally appeared Hector Herrera 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.

Commission # 2019840 Comm. Expires April 14, 2017





**CODE ENFORCEMENT
DEPARTMENT
COUNTY OF RIVERSIDE**

4080 LEMON STREET, 12TH
FLOOR, P.O. BOX 1469,
RIVERSIDE, CALIFORNIA
92502
(951) 955-2004
FAX (951) 955-8680

STATEMENT OF ABATEMENT COSTS

Date: (See Date on Attached Demand for Payment)	Case Number: CV1304558 BOS District: 4
Property Owner GERALD A IOVINE 32545 ST ANDREWS DR THOUSAND PLMS, CA 92276	Property Address Assessor Parcel Number: 693-075-006 32545 ST ANDREWS DR THOUSAND PLMS, CA 92276

Riverside County Ordinance 725 provides for the recovery of abatement and administrative costs reasonably related to Code Enforcement, including, but not limited to: costs related to the abatement, collection, attorneys' fees, staff time for site inspections, investigation, summaries, reports, and notices. The total abatement costs must be paid to the County of Riverside at the address below within thirty (30) days. In the event said costs are not paid within thirty (30) days you will be liable for additional administrative costs, penalties, court fees or other collection costs incurred in the collection of these abatement costs.

You are liable to the County of Riverside for the following abatement costs:

Item	Description	Costs
LABOR COSTS		
Labor Costs	Subtotal of Labor Charges – See Cost Detail Attached	\$ 245.10
ADMINISTRATIVE CITATIONS		
Administrative Citations	Subtotal of Administrative Citations – See Cost Detail Attached	\$ 0.00
CONTRACTOR COSTS		
Contractor Costs	Subtotal of Contractor Costs – See Cost Detail Attached	\$ 0.00
COUNTY COUNSEL COSTS		
County Counsel Costs	Subtotal of County Counsel Costs – See Cost Detail Attached	\$ 0.00
OTHER COSTS		
Recording Fee	Document #2014-0080582	\$23.00
Prepare SOAC		\$65.00

Please refer to the remittance sheet attached for payment information.

An administrative hearing has been scheduled (please see attached Demand for Payment and Notice of Hearing). *If this Statement of Abatement Costs **TOTAL NOW DUE** is paid in full prior to the hearing date set forth on the attached Demand for Payment and Notice of Hearing date, the Department will seek no further action for recovery of abatement costs on this specific violation(s) and your attendance at the hearing will **NOT** be required.

Subtotal	\$ 333.10
Payments/Credits	\$ 0.00
TOTAL NOW DUE	\$ 333.10

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.


Code Enforcement Department



**CODE ENFORCEMENT
DEPARTMENT
COUNTY OF RIVERSIDE**

4080 LEMON STREET, 12TH
FLOOR, P.O. BOX 1469,
RIVERSIDE, CALIFORNIA
92502
(951) 955-2004
FAX (951) 955-8680

Audit Date: May 24, 2017	Case Number: CV1304558	APN: 693-075-006	Page 2
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LABOR COSTS DETAIL

Below is the detailed information for the Labor Costs listed on page 1.

Date	Item	Description	Costs
TECHNICIAN HOURS			
		No Charges	\$0.00
OFFICER HOURS			
		No Charges	\$0.00
SENIOR HOURS			
12/09/2013	Senior Hours	Time charge for Opened Case-Complaint action	\$38.70
12/09/2013	Senior Hours	Time charge for Initial Inspection action	\$38.70
12/09/2013	Senior Hours	Time charge for DataQuick action	\$25.80
12/09/2013	Senior Hours	Time charge for Notice of Violation action	\$12.90
02/03/2014	Senior Hours	Time charge for Follow Up Inspection action	\$38.70
02/03/2014	Senior Hours	Time charge for Officer Casework-Reports/Photos action	\$12.90
03/26/2014	Senior Hours	Time charge for Follow Up Inspection action	\$38.70
03/26/2014	Senior Hours	Time charge for Officer Casework-Reports/Photos action	\$12.90
03/26/2014	Senior Hours	Time charge for Case Closed-Noncompliance/Abeyance action	\$25.80
		Subtotal	\$245.10
SUPERVISOR HOURS			
		No Charges	\$0.00
		Total Labor Subtotal	\$ 245.10

ADDITIONAL COSTS DETAIL

Date	Item	Description	Costs
ADMINISTRATIVE CITATIONS			
		No Charges	
		Administrative Citation Subtotal	\$ 0.00
COUNTY COUNSEL COSTS			
		No Charges	
		County Counsel Subtotal	\$ 0.00
CONTRACTOR COSTS			
		No Charges	
		Contractor Subtotal	\$ 0.00

Case Number: CV1304558	APN: 693-075-006
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Marquez, Miriam C.

From: Marquez, Miriam C.
Sent: Monday, October 19, 2020 4:51 PM
To: Walker, Melissa
Cc: Lam, Valerie
Subject: EP 207 Item 962

RE: TC 207 Item 962
693075006-2
Sale Date: 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.

X **Updated Statement of Monies Owed (as of date of tax sale)**

Please send in all documents within 10 days (**October 29, 2020**). If you should have any questions, please contact me at the number listed below.

Kindest Regards,

Miriam C. Marquez

Sr. Accounting Assistant
Tax Sale Operations/Excess Proceeds



OFFICE OF THE TREASURER TAX COLLECTOR
RIVERSIDE COUNTY CALIFORNIA

Tel 951 955-3336/Fax 951 955-3990
*4/10 Fridays off



**CODE ENFORCEMENT
DEPARTMENT
COUNTY OF RIVERSIDE**

4080 LEMON STREET, 12TH
FLOOR, P.O. BOX 1469,
RIVERSIDE, CALIFORNIA
92502
(951) 955-2004
FAX (951) 955-8680

STATEMENT OF ABATEMENT COSTS

Date: 10/20/2020	Case Number: CV1304558 BOS District: 4
Property Owner GERALD A IOVINE 32545 ST ANDREWS DR THOUSAND PLMS, CA 92276	Property Address Assessor Parcel Number: 693-075-006 32545 ST ANDREWS DR THOUSAND PLMS, CA 92276

Riverside County Ordinance 725 provides for the recovery of abatement and administrative costs reasonably related to Code Enforcement, including, but not limited to: costs related to the abatement, collection, attorneys' fees, staff time for site inspections, investigation, summaries, reports, and notices. The total abatement costs must be paid to the County of Riverside at the address below within thirty (30) days. In the event said costs are not paid within thirty (30) days you will be liable for additional administrative costs, penalties, court fees or other collection costs incurred in the collection of these abatement costs.

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COUNTY COUNSEL COSTS		
County Counsel Costs	Subtotal of County Counsel Costs – See Cost Detail Attached	\$ 0.00
OTHER COSTS		
Recording Fee	Doc# 2014-0080582	\$23.00
Prepare SOAC		\$65.00

Please refer to the remittance sheet attached for payment information.

An administrative hearing has been scheduled (please see attached Demand for Payment and Notice of Hearing). *If this Statement of Abatement Costs **TOTAL NOW DUE** is paid in full prior to the hearing date set forth on the attached Demand for Payment and Notice of Hearing date, the Department will seek no further action for recovery of abatement costs on this specific violation(s) and your attendance at the hearing will **NOT** be required.

Subtotal	\$ 333.10
Payments/Credits	\$ 23.00
TOTAL NOW DUE	\$ 310.10

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

Code Enforcement Department



**CODE ENFORCEMENT
DEPARTMENT
COUNTY OF RIVERSIDE**

4080 LEMON STREET, 12TH
FLOOR, P.O. BOX 1469,
RIVERSIDE, CALIFORNIA
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Audit Date: 10/20/2020	Case Number: CV1304558	APN: 693-075-006	Page 2
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OFFICER HOURS			
		No Charges	\$0.00
SENIOR HOURS			
12/09/2013	Senior Hours	Time charge for Opened Case-Complaint action	\$38.70
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		Subtotal	\$245.10
SUPERVISOR HOURS			
		No Charges	\$0.00
		Total Labor Subtotal	\$ 245.10

ADDITIONAL COSTS DETAIL

Date	Item	Description	Costs
ADMINISTRATIVE CITATIONS			
		No Charges	
		Administrative Citation Subtotal	\$ 0.00
COUNTY COUNSEL COSTS			
		No Charges	
		County Counsel Subtotal	\$ 0.00
CONTRACTOR COSTS			
		No Charges	
		Contractor Subtotal	\$ 0.00

Case Number: CV1304558	APN: 693-075-006
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**CODE ENFORCEMENT
DEPARTMENT
COUNTY OF RIVERSIDE**

4080 LEMON STREET, 12TH
FLOOR, P.O. BOX 1469,
RIVERSIDE, CALIFORNIA
92502
(951) 955-2004
FAX (951) 955-8680

**REMITTANCE INFORMATION
STATEMENT OF ABATEMENT COSTS**

Please remit payment with the appropriate amount below based upon the date of payment.

**REMITTANCE INFORMATION
STATEMENT OF ABATEMENT COSTS
TOTAL AMOUNT DUE**

Make checks payable and remit to:
Riverside County Code Enforcement
Department
Attn: Administrative Services
4080 Lemon Street, 12th Floor
P.O. Box 1469
Riverside, CA 92502

Remittance Distribution	Code	Amount
Internal Costs-SOC/SOAC	314010-R20	\$ 310.10
External Costs-SOC/SOAC	314010-R27	\$ 23.00
Admin Citations-SOC/SOAC	314010-R23	\$ 0.00
Abandoned Property Registration	314010-R15	\$ 0.00
Subtotal		\$ 333.10
Payments/Credits		\$ 23.00
TOTAL NOW DUE		\$ 310.10

Date: 10/20/2020

Case Number: CV1304558

APN: 693-075-006

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

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 207 Item 962 Assessment Number: 693075006-2

Assessee: IOVINE, GERALD A

Situs: 32545 ST ANDREWS DR THOUSAND PALMS 92276

Date Sold: May 24, 2016

Date Deed to Purchaser Recorded: July 14, 2016

Final Date to Submit Claim: July 14, 2017

TREASURER-TAX COLLECTOR

JUN 01 2017

RECEIVED

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$28,000 +/- 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. 2000-343652, recorded on 8/31/2000. 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.
(see 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 23rd day of March, 2017 at Los Angeles, CA
County, State

Signature of Claimant

Signature of Claimant

Michael Haney

Print Name

5042 Wilshire Blvd Ste 622

Street Address

Los Angeles, CA 90036

City, State, Zip

323-937-3033

Phone Number

Phone Number

ACKNOWLEDGMENT

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 Los Angeles

On March 23, 2017 before me, Luz M. Catalan, Notary Public
(insert name and title of the officer)

personally appeared Michael Haney
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



(Seal)



Description of Attached document:

Title or Type of Document: CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

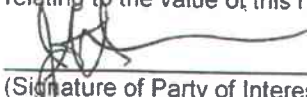
Document Date: March 23, 2016

Parcel Number: 2000-343652

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 Heirfinders Research Associates LLC 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 693-075-006 sold at public auction on May 24th, 2016. I understand that the total of excess proceeds available for refund is \$ 28,000 +/- 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.



(Signature of Party of Interest/Assignor)

Jamison Iovine

(Name Printed)
4942 Premiere Avenue

(Address)
Lakewood, CA 90712

(City/State/Zip)
562-400-8002

(Area Code/Telephone Number)

STATE OF CALIFORNIA)ss.
COUNTY OF _____)

On _____ before me, _____, personally appeared Jamison Iovine, 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 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.



(Signature of Assignee)

Michael Haney

(Name Printed)
5042 Wilshire Blvd Ste 622

(Address)
Los Angeles, CA 90036

(City/State/Zip)

STATE OF CALIFORNIA)ss.
COUNTY OF _____)

On _____ before me, the undersigned, a Notary Public in and for said State, personally appeared Michael Haney, 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)

See Attached
(This area for official seal)

CALIFORNIA ALL-PURPOSE
CERTIFICATE OF ACKNOWLEDGMENT

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.

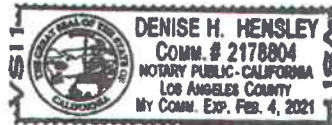
STATE OF CALIFORNIA)
County of LOS ANGELES)SS.

On March 10, 2017 before me DENISE H. HENSLEY, NOTARY PUBLIC
Personally appeared, SAMISON LOUINE
who proved to me on the basis of satisfactory evidence to be the persons(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 signatures(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.

Denise H. Hensley
Denise H. Hensley



(Notary Seal)

Additional Information

Assignment of Right to Collect
(Title or description of attached document)

EXCESS PROCEEDS
(Title or description of attached document continued)

Number of Pages 1 Document Date 3/10/2017

See Attached

ACKNOWLEDGMENT

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.

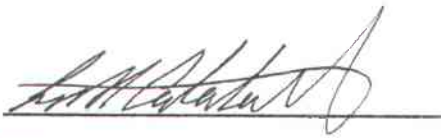
State of California
County of Los Angeles

On March 23, 2016 before me, Luz M. Catalan, Notary Public
(insert name and title of the officer)

personally appeared Michael Haney
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  (Seal)



Description of Attached document:

Title or Type of Document: ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

Document Date: March 23, 2017

ASSESSMENT NUMBER: 693-075-006

Escrow No. 207056091 - P17

LEGAL DESCRIPTION EXHIBIT

LOT 155 OF TRACT NO. 3640, IN THE COUNTY OF RIVERSIDE, STATE OF CALIFORNIA, AS SHOWN BY MAP ON FILE IN BOOK 58 PAGES 38 THROUGH 41, INCLUSIVE OF MAPS, RIVERSIDE COUNTY RECORDS.

EXCEPTING THEREFROM AN UNDIVIDED ONE-SIXTEENTH INTEREST IN ALL COAL, OIL, GAS AND OTHER MINERAL DEPOSITS AS RESERVED IN PATENT RECORDED NOVEMBER 29, 1924 IN BOOK 9 PAGE 70 OF PATENTS, RIVERSIDE COUNTY RECORDS.

77-7700777

8 31 00

THIS MICROFILM COPYRIGHTED
1997 BY SECURITY UNION TITLE
INSURANCE COMPANY
MICROGRAPHICS DIVISION

RIVERSIDE



2886-343652
00/21/2000 09 09
2 of 2

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3 2002 33011728

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VB-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)			
GERALD		ALBERT		IOVINE			
4. DATE OF BIRTH M/M/D/D/C/CYY		5. AGE YRS.		6. SEX		7. DATE OF DEATH M/M/D/D/C/CYY	
09/17/1941		61		M		12/16/2002	
8. HOUR		9. STATE OF BIRTH		10. SOCIAL SECURITY NUMBER		11. MILITARY SERVICE	
2218		NEW YORK				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS		13. EDUCATION—YEARS COMPLETED		14. RACE			
DIVORCED		18		WHITE			
15. USUAL EMPLOYER		16. HISPANIC—SPECIFY		17. OCCUPATION			
LONG BEACH UNIFIED SCHOOL DISTRICT		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		LANGUAGE TEACHER			
18. KIND OF BUSINESS		19. YEARS IN OCCUPATION		20. RESIDENCE—(STREET AND NUMBER OR LOCATION)			
EDUCATION		22		32545 ST ANDREWS DRIVE			
21. CITY		22. COUNTY		23. ZIP CODE		24. YRS IN COUNTY	
THOUSAND PALMS		RIVERSIDE		92276		11	
25. STATE OR ADDRESS COUNTRY		26. NAME, RELATIONSHIP					
CALIFORNIA		JAKIMSON S IOVINE - SON					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)		28. NAME OF SURVIVING SPOUSE—FIRST					
4591 ORANGE AVENUE #201, LONG BEACH, CA 90807							
29. MIDDLE		30. LAST (Maiden Name)		31. NAME OF FATHER—FIRST			
				MARIO			
32. MIDDLE		33. LAST		34. BIRTH STATE			
MICHAEL		IOVINE		NEW YORK			
35. NAME OF MOTHER—FIRST		36. MIDDLE		37. LAST (Maiden)		38. BIRTH STATE	
MARY		JULIA		DARNES		NEW YORK	
39. DATE M/M/D/D/C/CYY		40. PLACE OF FINAL DISPOSITION					
12/19/2002		REL: CHURCH OF ST PAUL IN THE DESERT, 125 WEST EL ALAMEDA, PALM SPRINGS, CA 92262					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NO.			
CR/REL		NOT EMBALMED					
44. NAME OF FUNERAL DIRECTOR DISCOUNT CREATION & BURIAL SERVICE OF THE DESERT		45. LICENSE NO. FD 1077		46. SIGNATURE OF LOCAL REGISTRAR Gary Feldman M.D.		47. DATE M/M/D/D/C/CYY 12/19/2002	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. FACILITY OTHER THAN HOSPITAL		104. COUNTY	
EISENHOWER MEMORIAL HOSPITAL		<input checked="" type="checkbox"/> IP <input type="checkbox"/> EN/OP <input type="checkbox"/> DCA		<input type="checkbox"/> ODDY <input type="checkbox"/> HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		RIVERSIDE	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		106. CITY		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			
39000 BOB HOPE DRIVE		RANCHO MIRAGE		IMMEDIATE CAUSE (A) ACUTE CEREBRAL VASCULAR ACCIDENT DUE TO (B) HYPERTENSION DUE TO (C) DUE TO (D)			
108. DEATH REPORTED TO CORONER		109. BLOODY PERFORMED		110. AUTOPSY PERFORMED			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
111. USED IN DETERMINING CAUSE		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
<input type="checkbox"/> YES <input type="checkbox"/> NO		NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTEMPTED SINCE I DECEDENT LAST SEEN ALIVE					
NO		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.		117. DATE M/M/D/D/C/CYY	
		Richard S Kyan, MD		A 044805		12/19/2002	
118. MANNER OF DEATH		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		120. INJURY AT WORK			
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		RICHARD S KYAN, MD 12560 PALM DRIVE, DESERT HUT SPRINGS, CA 92240		<input type="checkbox"/> YES <input type="checkbox"/> NO			
121. INJURY DATE M/M/D/D/C/CYY		122. HOUR		123. PLACE OF INJURY			
				124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER					
		127. DATE M/M/D/D/C/CYY					
		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER					
		569220					

1224166

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE

SS

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.

DATE ISSUED 12/23/2002

This copy file was prepared on approved border displaying seal and signature of Registrar.

Gary Feldman M.D.
Local Registrar
RIVERSIDE COUNTY, CALIFORNIA



DECLARATION UNDER CALIFORNIA PROBATE CODE SECTION 13101

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

1. I am the successor in interest of Gerald A. Iovine [Name of Decedent], who died in the City of Rancho Mirage, County of Riverside, State of California, on Dec 16, 2022.
 2. 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 declaration.
 3. No proceeding is now being or has been conducted in California for administration of the Decedent's estate.
 4. 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.
 5. 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).
 6. The property of Decedent which is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 is: Approximately \$28,000 in excess proceeds from tax sale of Riverside County APN 693-075-006
 7. The undersigned 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 [e.g., beneficiary of Decedent's will or, where Decedent left no will, the surviving spouse, child, grandchild, parent, brother or sister, niece or nephew, grandparent, aunt or uncle, cousin, etc.].

 The undersigned is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor or the Decedent (as defined in Section 13006 of the California Probate Code) with respect to to the Decedent's interest in the described property [e.g., guardian or conservator of Decedent's estate trustee of Decedent's trust, custodian of Decedent's will or personal representative of beneficiary (ies)]. 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 undersigned requests that the described property be paid, delivered, or transferred to the undersigned.
 10. The undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 10th day of March at Lakewood, CA.

[Signature]
Signature

Jamison Iovine
Name (Print or Type)

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.

The State of California, County of _____, to-wit: The foregoing affidavit or declaration was subscribed and sworn to, before me, by Jamison Iovine. Executed on this _____ day of _____, _____ at _____.

WITNESS MY HAND AND OFFICIAL SEAL

Notary Public for the State of California

See Attached

Notary Seal

**CALIFORNIA ALL-PURPOSE
CERTIFICATE OF ACKNOWLEDGMENT**

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)
)SS.
County of LOS ANGELES)

On March 10, 2017 before me DENISE H. HENSLEY, NOTARY PUBLIC
Personally appeared, JAMISON FOUINE,
who proved to me on the basis of satisfactory evidence to be the persons(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 signatures(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.



Denise H. Hensley
Denise H. Hensley

(Notary Seal)

Additional Information

Declaration Under California Probate Code

(Title or description of attached document)

Section 1301

(Title or description of attached document continued)

Number of Pages 1

Document Date 3/10/2017

PROBATE AFFIDAVIT

In addition to the small estate affidavit submitted pursuant to Probate Code § 13100, the following information is required by the Riverside County Tax Collector in support of a claim for excess proceeds.

1. Names, birth dates and relationships of all persons having an interest in the estate of the same priority as the declarant (e.g., brother, sister, etc.)

Name: Jennalee Vazquez Date of Birth: 07/13/1971 Relationship to me: Sister

Attach an additional sheet if more space is needed.

2. Names, birth dates, dates of death and relationships of all persons that would have had an interest in the estate of the same priority as the person on whom the declarant bases the declarant's claim:

n/a

The declarant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 10th day of March at

Lakewood, CA [Signature]

Jamison Iovine Print Name of Declarant

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 Los Angeles

On March 10, 2017 before me, Denise H. Hensley, Notary Public, personally appeared Jamison Iovine, 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.



(Notary Signature)

(Notary Seal)

DECLARATION OF ONE AND THE SAME PERSON(S)

I, Jamison Scott Iovine, do hereby declare:

1. I am over the age of 18 and a resident of Los Angeles County. 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 Jamison Scott Iovine as noted on my California Driver's License.
3. I am one and the same person as Jamison Iovine + Jamison S. Iovine
4. I am the biological son to Gerald Iovine, who is one and the same person as Gerald A. Iovine and Gerald Albert Iovine.
5. Gerald Iovine was one and the same person who named in the Grant Deed dated 8/31/2000 whereby he acquired sole title to Riverside County, Ca Assessor's Parcel Number 693-075-006 sold on or about 5/24/16.
6. I am one and the same person who assigned to Heirfinders Research Associates, LLC my share of the excess proceeds for Riverside County, Ca Assessor's Parcel Number 693-075-006 sold on or about 5/24/16.

I declare under penalty of perjury that the foregoing is true and correct.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 10th day of March, 2017.

[Signature]
Jamison Scott Iovine

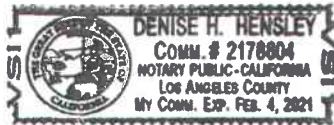
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of

State of California;
County of Los Angeles

On March 10, 2017 before me, Denise H. Hensley Notary Public, personally appeared Jamison Scott Iovine 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]
(notary's signature)



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

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 207 Item 962 Assessment Number: 693075006-2

Assessee: IOVINE, GERALDA

Situs: 32545 ST ANDREWS DR THOUSAND PALMS 92276

Date Sold: May 24, 2016

Date Deed to Purchaser Recorded: July 14, 2016

Final Date to Submit Claim: July 14, 2017

TREASURER-TAX COLLECTOR

JUN 01 2017

RECEIVED

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$28,000 +/- 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. 2000-343652, recorded on 8/31/2000. 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. (see 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 23rd day of March, 2017 at Los Angeles, CA County, State

Signature of Claimant

Michael Haney

Print Name

5042 Wilshire Blvd Ste 622

Street Address

Los Angeles, CA 90036

City, State, Zip

323-937-3033

Phone Number

Signature of Claimant

Print Name

Street Address

City, State, Zip

Phone Number

ACKNOWLEDGMENT

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 Los Angeles

On March 23, 2017 before me, Luz M. Catalan, Notary Public
(insert name and title of the officer)

personally appeared Michael Haney
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.

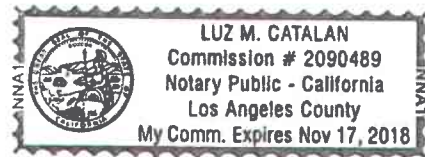
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)



Description of Attached document:

Title or Type of Document: CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

Document Date: March 23, 2016

Parcel Number: 2000-343652

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 Heirfinders Research Associates LLC 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 693-075-006 sold at public auction on May 24th, 2016. I understand that the total of excess proceeds available for refund is \$ 28,000 +/- 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.

Jennalee Vazquez
(Signature of Party of Interest/Assignor)

Jennalee Vazquez
(Name Printed)
7816 E. Timor Street
(Address)
Long Beach, CA 90808
(City/State/Zip)
562-355-1971
(Area Code/Telephone Number)

STATE OF CALIFORNIA)ss.
COUNTY OF _____)

On _____, before me, _____, personally appeared Jennalee Vazquez, 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 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.

Michael Haney
(Signature of Assignee)

Michael Haney
(Name Printed)
5042 Wilshire Blvd Ste 622
(Address)
Los Angeles, CA 90036
(City/State/Zip)

STATE OF CALIFORNIA)ss.
COUNTY OF _____)

On _____, before me, the undersigned, a Notary Public in and for said State, personally appeared Michael Haney, 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

(This area for official seal)

(Signature of Notary)

CALIFORNIA ALL-PURPOSE
CERTIFICATE OF ACKNOWLEDGMENT

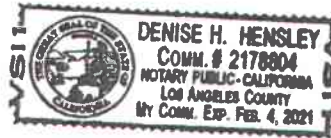
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
)SS.
County of LOS ANGELES)

On March 10, 2017 before me DENISE H. HENSLEY, NOTARY PUBLIC
Personally appeared, Jennifer Marquez,
who proved to me on the basis of satisfactory evidence to be the persons(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 signatures(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.



Denise H. Hensley
Denise H. Hensley

(Notary Seal)

Additional Information

Assignment of right to collect
(Title or description of attached document)

EXCESS PROCEEDS
(Title or description of attached document continued)

Number of Pages 1 Document Date 3/10/2017

See Attached

DECLARATION OF ONE AND THE SAME PERSON(S)

I, Jennalee Vazquez, do hereby declare:

1. I am over the age of 18 and a resident of Los Angeles County. 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 JENNALEE IOVINE VAZQUEZ as noted on my California Driver's License.
3. I am one and the same person as Jennalee I. Vazquez + Jennalee Vazquez
4. I am the biological daughter to Gerald Iovine, who is one and the same person as Gerald A. Iovine and Gerald Albert Iovine.
5. Gerald Iovine was one and the same person who named in the Grant Deed dated 8/31/2000 whereby he acquired sole title to Riverside County, Ca Assessor's Parcel Number 693-075-006 sold on or about 5/24/16.
6. I am one and the same person who assigned to Heirfinders Research Associates, LLC my share of the excess proceeds for Riverside County, Ca Assessor's Parcel Number 693-075-006 sold on or about 5/24/16.

I declare under penalty of perjury that the foregoing is true and correct.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 10TH day of MARCH, 2017.

Jennalee I. Vazquez
Jennalee Vazquez

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

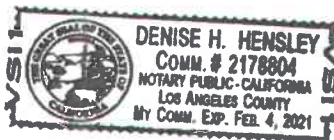
State of California;
County of Los Angeles

On MARCH 10, 2017 before me, Denise H. Hensley, Notary Public, personally appeared Jennalee Vazquez 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.

Denise H. Hensley
(notary's signature)



(seal)

ACKNOWLEDGMENT

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 Los Angeles

On March 23, 2016 before me, Luz M. Catalan, Notary Public
(insert name and title of the officer)

personally appeared Michael Haney
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  (Seal)



Description of Attached document:

Title or Type of Document: ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

Document Date: March 23, 2017

ASSESSMENT NUMBER: 693-075-006

Page 1
Escrow No. 207056091 - P17

LEGAL DESCRIPTION EXHIBIT

LOT 155 OF TRACT NO. 3640, IN THE COUNTY OF RIVERSIDE, STATE OF CALIFORNIA, AS SHOWN BY MAP ON FILE IN BOOK 58 PAGES 38 THROUGH 41, INCLUSIVE OF MAPS, RIVERSIDE COUNTY RECORDS.

EXCEPTING THEREFROM AN UNDIVIDED ONE-SIXTEENTH INTEREST IN ALL COAL, OIL, GAS AND OTHER MINERAL DEPOSITS AS RESERVED IN PATENT RECORDED NOVEMBER 29, 1924 IN BOOK 9 PAGE 70 OF PATENTS, RIVERSIDE COUNTY RECORDS.

77-7740-177

8 31 00

THIS MICROFILM COPYRIGHTED
1997 BY SECURITY UNION TITLE
INSURANCE COMPANY
MICROGRAPHICS DIVISION

RIVERSIDE



2000-34352
08/31/2000 08 00
2 of 2

DECLARATION UNDER CALIFORNIA PROBATE CODE SECTION 13101

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

- 1. I am the successor in interest of Gerald A. Iovine [Name of Decedent], who died in the City of Rancho Mirage, County of Riverside, State of California, on Dec 16, 2002.
- 2. 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 declaration.
- 3. No proceeding is now being or has been conducted in California for administration of the Decedent's estate.
- 4. 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.
- 5. 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).
- 6. The property of Decedent which is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 is: Approximately \$28,000 in excess proceeds from tax sale of Riverside County APN 693-075-006
- 7. The undersigned 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 [e.g., beneficiary of Decedent's will or, where Decedent left no will, the surviving spouse, child, grandchild, parent, brother or sister, niece or nephew, grandparent, aunt or uncle, cousin, etc.].

 The undersigned is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor or the Decedent (as defined in Section 13006 of the California Probate) with respect to to the Decedent's interest in the described property [e.g., guardian or conservator of Decedent's estate trustee of Decedent's trust, custodian of Decedent's will or personal representative of beneficiary (ies)]. 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 undersigned requests that the described property be paid, delivered, or transferred to the undersigned.
- 10. The undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 10TH day of MARCH at LAKWOOD, CA.

Jennalee J. Vazquez
Signature

Jennalee Vazquez
Name (Print or Type)

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.

The State of California, County of _____, to-wit: The foregoing affidavit or declaration was subscribed and sworn to, before me, by Jennalee Vazquez. Executed on this _____ day of _____, _____ at _____.

WITNESS MY HAND AND OFFICIAL SEAL

Notary Public for the State of California

See Attached

Notary Seal

CALIFORNIA ALL-PURPOSE
CERTIFICATE OF ACKNOWLEDGMENT

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.

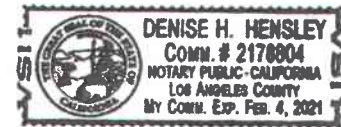
STATE OF CALIFORNIA)
County of LOS ANGELES)SS.

On March 10, 2017 before me DENISE H. HENSLEY, NOTARY PUBLIC
Personally appeared, Jennalee Jazquez
who proved to me on the basis of satisfactory evidence to be the persons(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 signatures(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.

Denise H. Hensley
Denise H. Hensley



(Notary Seal)

Additional Information

Delegation Under California Probate
(Title or description of attached document)
Code Section 1301
(Title or description of attached document continued)

Number of Pages 1 Document Date 3/10/2017

PROBATE AFFIDAVIT

In addition to the small estate affidavit submitted pursuant to Probate Code § 13100, the following information is required by the Riverside County Tax Collector in support of a claim for excess proceeds.

1. Names, birth dates and relationships of all persons having an interest in the estate of the same priority as the declarant (e.g., brother, sister, etc.)

Name: Jamison Iovine Date of Birth: Relationship to me: Brother

07/04/1975

Attach an additional sheet if more space is needed.

2. Names, birth dates, dates of death and relationships of all persons that would have had an interest in the estate of the same priority as the person on whom the declarant bases the declarant's claim:

n/a

The declarant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 10TH day of MARCH at LAKEWOOD, CA

Jennalee Vazquez

Signature of Declarant

Jennalee Vazquez

Print Name of Declarant

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 Los Angeles

On March 10, 2017 before me, Denise H Hensley, Notary Public, personally appeared Jennalee Vazquez, 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.



(Notary Signature)

(Notary Seal)

STATE OF CALIFORNIA
 CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
 RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3 2002 33011728

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) GERALD			2. MIDDLE ALBERT		3. LAST (FAMILY) IOVINE		
4. DATE OF BIRTH M/M/D/C C/Y Y 09/17/1941			5. AGE YRS 61		6. SEX M		7. DATE OF DEATH M/M/D/D/C C/Y Y 12/16/2002
8. HOUR 2218		9. STATE OF BIRTH NEW YORK		10. SOCIAL SECURITY NUMBER		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12. MARITAL STATUS DIVORCED
13. EDUCATION—YEARS COMPLETED 18		14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER LONG BEACH UNIFIED SCHOOL DISTRICT	
17. OCCUPATION LANGUAGE TEACHER			18. KIND OF BUSINESS EDUCATION			19. YEARS IN OCCUPATION 22	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 32545 ST ANDREWS DRIVE							
21. CITY THOUSAND PALMS		22. COUNTY RIVERSIDE		23. ZIP CODE 92276		24. YRS IN COUNTY 11	25. STATE OR FOREIGN COUNTRY CALIFORNIA
26. NAME, RELATIONSHIP JAMISON S IOVINE - SON				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 4591 ORANGE AVENUE #201, LONG BEACH, CA 90807			
28. NAME OF SURVIVING SPOUSE—FIRST -		29. MIDDLE -		30. LAST (MAIDEN NAME) -			
31. NAME OF FATHER—FIRST MARIO		32. MIDDLE MICHAEL		33. LAST IOVINE		34. BIRTH STATE NEW YORK	
35. NAME OF MOTHER—FIRST MARY		36. MIDDLE JULIA		37. LAST (MAIDEN) DANNIS		38. BIRTH STATE NEW YORK	
39. DATE M/M/D/D/C C/Y Y 12/19/2002		40. PLACE OF FINAL DISPOSITION REL: CHURCH OF ST PAUL IN THE DESERT, 125 WEST EL ALAMEDA, PALM SPRINGS, CA 92262					
41. TYPE OF DISPOSITION(S) CR/REL		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR DISCOUNT CREMATION & BURIAL SERVICE OF THE DESERT		45. LICENSE NO. FD 1077		46. SIGNATURE OF LOCAL REGISTRAR Gary Feldman M.D.		47. DATE M/M/D/D/C C/Y Y 12/19/2002	
101. PLACE OF DEATH EISENHOWER MEMORIAL HOSPITAL		102. IF HOSPITAL SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> CRDP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> COMV. HOSEP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY RIVERSIDE	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 39000 BOB HOPE DRIVE				106. CITY RANCHO MIRAGE			
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) ACUTE CEREBRAL VASCULAR ACCIDENT						108. DEATH REPORTED TO CORNER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
DUE TO (B) HYPERTENSION						109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)						110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)						111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION OTHER THAN 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE NO							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE I DECEDENT LAST SEEN ALIVE 12/16/2002 12/16/2002		115. SIGNATURE AND TITLE OF CERTIFIER Richard S Kiam M.D.		116. LICENSE NO. A 044805		117. DATE M/M/D/D/C C/Y Y 12/19/2002	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP RICHARD S KIAM, MD 12360 PALM DRIVE, DESERT HOT SPRINGS, CA 92280							
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/D/D/C C/Y Y		122. HOUR	
123. PLACE OF INJURY							
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY):							
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER				127. DATE M/M/D/D/C C/Y Y		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A		B		C	

224166

CERTIFIED COPY OF VITAL RECORDS

569220



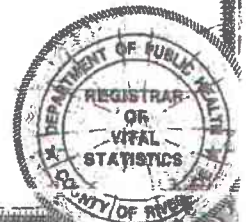
STATE OF CALIFORNIA } SS
 COUNTY OF RIVERSIDE

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.

DATE ISSUED 12/23/2002

This copy was prepared on the prepared form provided by the Registrar and signed by the Registrar.

Gary Feldman M.D.
 Local Registrar
 RIVERSIDE COUNTY, CALIFORNIA



83155

AUG 17 2016

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

RECEIVED

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

2017 JUN 26 PM 4:57

TC 207 Item 962 Assessment Number: 693075006-2

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

Assessee: IOVINE, GERALD A

Situs: 32545 ST ANDREWS DR THOUSAND PALMS 92276

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 \$ 5,206.14 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. _____; 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.

Attached Are TWO STATEMENTS. \$942.14 for PAST DUE ASSESSMENTS from 2009 through to 9-30-16. \$4,264. for CC+R VIOLATIONS from Feb. 2014 through to 9-30-16.

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 22 day of June, 2017 at Riverside County, California
County, State

Nancy Day, President
Signature of Claimant

Signature of Claimant

Nancy Day
Print Name

Print Name

32-851 Desert Moon Drive
Street Address

Street Address

Thousand Palms, CA. 92276
City, State, Zip

City, State, Zip

760-343-5256
Phone Number

Phone Number



Tri Palm Unified Owners Association
 32-851 Desert Moon Drive
 Thousand Palms, CA 92276
 (760) 343-5256

Statement

Date
10/28/2016

Bill To
3155-FINES Estate of Gerald Iovine DECEASED NO VALID ADDRESS

Property Location:
32-545 St. Andrews Drive Thousand Palms, CA 92276

Amount Due	Amount Enc.
\$4,264.00	

Date	Transaction	Amount	Balance		
12/31/2014	Balance forward		0.00		
02/28/2015	INV #CCR99942.		100.00		
03/31/2015	INV #CCR8900.	100.00	200.00		
04/30/2015	INV #CCR79855.	200.00	400.00		
05/31/2015	INV #CCR5566.	250.00	650.00		
06/30/2015	INV #CCR6698.	200.00	850.00		
07/31/2015	INV #CC&R7792.	250.00	1,100.00		
08/31/2015	INV #CCR88908.	200.00	1,300.00		
09/30/2015	INV #CC&R1011.	250.00	1,550.00		
10/31/2015	INV #CCR899087.	200.00	1,750.00		
11/30/2015	INV #CC&R11205.	200.00	1,950.00		
12/31/2015	INV #CC&R9901.	200.00	2,150.00		
01/31/2016	INV #CCR-Jan9926.	214.00	2,364.00		
02/29/2016	INV #CC&R-Feb237.	250.00	2,614.00		
03/31/2016	INV #Mar33386.	200.00	2,814.00		
04/30/2016	INV #CC&R495.	200.00	3,014.00		
05/31/2016	INV #CCR5615.	250.00	3,264.00		
06/30/2016	INV #CC&R6715.	200.00	3,464.00		
07/31/2016	INV #CC&R9049.	200.00	3,664.00		
08/31/2016	INV #CC&R88933.	250.00	3,914.00		
09/30/2016	INV #CC&R99026.	200.00	4,114.00		
		250.00	4,364.00		
			4,264.00		
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
2,050.00	250.00	200.00	250.00	1,514.00	\$4,264.00



Tri Palm Unified Owners Association
 32-851 Desert Moon Drive
 Thousand Palms, CA 92276
 (760) 343-5256

Statement

Date
10/28/2016

Bill To
3155 Estate of Gerald Iovine DECEASED NO VALID ADDRESS

Property Location:
32-545 St. Andrews Drive Thousand Palms, CA 92276

Amount Due	Amount Enc.
\$942.14	

Date	Transaction	Amount	Balance		
12/31/2008	Balance forward				
03/20/2009	INV #7911.		0.00		
03/20/2009	INV #8259.	46.00	46.00		
04/30/2009	INV #FC 3765. Finance Charge	10.00	56.00		
05/31/2009	INV #FC 3897. Finance Charge	0.52	56.52		
07/01/2009	INV #FC 4033. Finance Charge	0.43	56.95		
07/31/2009	INV #FC 4151. Finance Charge	0.43	57.38		
09/01/2009	INV #FC 4377. Finance Charge	0.46	57.84		
10/01/2009	INV #FC 4547. Finance Charge	0.44	58.28		
10/31/2009	INV #FC 4662. Finance Charge	0.41	58.69		
12/26/2009	INV #9478.	0.41	59.10		
01/06/2010	INV #FC 4781. Finance Charge	50.00	109.10		
03/24/2010	INV #FC 5031. Finance Charge	1.07	110.17		
03/25/2010	INV #10173.	2.01	112.18		
05/05/2010	INV #FC 5405. Finance Charge	10.00	122.18		
06/05/2010	INV #FC 5600. Finance Charge	1.20	123.38		
06/30/2010	INV #FC 5703. Finance Charge	0.89	124.27		
08/02/2010	INV #FC 5909. Finance Charge	0.71	124.98		
08/31/2010	INV #FC 6141. Finance Charge	0.94	125.92		
10/01/2010	INV #FC 6322. Finance Charge	0.83	126.75		
11/01/2010	INV #FC 6500. Finance Charge	0.89	127.64		
12/01/2010	INV #FC 6640. Finance Charge	0.89	128.53		
01/01/2011	INV #FC 6774. Finance Charge	0.85	129.38		
02/22/2011	INV #12222.	0.89	130.27		
03/11/2011	INV #FC 7070. Finance Charge	50.00	180.27		
03/11/2011	INV #FC 7594. Finance Charge	10.00	190.27		
		0.00	190.27		
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
0.00	5.93	6.12	6.12	923.97	\$942.14



Tri Palm Unified Owners Association
 32-851 Desert Moon Drive
 Thousand Palms, CA 92276
 (760) 343-5256

Statement

Date
10/28/2016

Bill To
3155 Estate of Gerald Iovine DECEASED NO VALID ADDRESS

Property Location:
32-545 St. Andrews Drive Thousand Palms, CA 92276

Amount Due	Amount Enc.
\$942.14	

Date	Transaction	Amount	Balance		
04/12/2011	INV #FC 8435. Finance Charge				
06/01/2011	INV #13203.	1.30	191.57		
06/01/2011	INV #FC 9337. Finance Charge	100.00	291.57		
06/30/2011	INV #FC 9903. Finance Charge	2.05	293.62		
07/29/2011	INV #FC 10481. Finance Charge	1.19	294.81		
08/31/2011	INV #FC 11007. Finance Charge	1.88	296.69		
09/01/2011	INV #14292.	2.16	298.85		
09/30/2011	INV #FC 11369. Finance Charge	10.00	308.85		
10/31/2011	INV #FC 11683. Finance Charge	2.03	310.88		
11/30/2011	INV #FC 11971. Finance Charge	2.11	312.99		
12/31/2011	INV #FC 12225. Finance Charge	2.03	315.02		
01/01/2012	INV #15217.	2.11	317.13		
02/29/2012	INV #FC 12455. Finance Charge	50.00	367.13		
02/29/2012	INV #FC 13131. Finance Charge	4.45	371.58		
03/31/2012	INV #FC 14097. Finance Charge	10.00	381.58		
04/30/2012	INV #FC 14573. Finance Charge	2.49	384.07		
05/31/2012	INV #FC 14935. Finance Charge	2.40	386.47		
06/30/2012	INV #FC 15215. Finance Charge	2.49	388.96		
07/31/2012	INV #FC 15479. Finance Charge	2.40	391.36		
08/31/2012	INV #FC 15731. Finance Charge	2.49	393.85		
09/30/2012	INV #FC 15973. Finance Charge	2.49	396.34		
10/31/2012	INV #FC 16213. Finance Charge	2.40	398.74		
11/30/2012	INV #FC 16405. Finance Charge	2.49	401.23		
12/31/2012	INV #FC 16556. Finance Charge	2.40	403.63		
01/31/2013	INV #17663.	2.49	406.12		
01/31/2013	INV #FC 16644. Finance Charge	60.00	466.12		
		2.49	468.61		
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
0.00	5.93	6.12	6.12	923.97	\$942.14



Tri Palm Unified Owners Association
 32-851 Desert Moon Drive
 Thousand Palms, CA 92276
 (760) 343-5256

Statement

Date
10/28/2016

Bill To
3155 Estate of Gerald Iovine DECEASED NO VALID ADDRESS

Property Location:
32-545 St. Andrews Drive Thousand Palms, CA 92276

Amount Due	Amount Enc.
\$942.14	

Date	Transaction	Amount	Balance		
02/01/2013	INV #FC 16904. Finance Charge	10.00	478.61		
02/28/2013	INV #FC 17372. Finance Charge	3.42	482.03		
03/31/2013	INV #FC 17751. Finance Charge	3.93	485.96		
04/30/2013	INV #FC 17984. Finance Charge	3.80	489.76		
05/31/2013	INV #FC 18145. Finance Charge	3.93	493.69		
06/30/2013	INV #FC 18295. Finance Charge	3.80	497.49		
07/31/2013	INV #FC 18411. Finance Charge	3.93	501.42		
08/31/2013	INV #FC 18513. Finance Charge	3.93	505.35		
09/30/2013	INV #FC 18620. Finance Charge	3.80	509.15		
10/31/2013	INV #FC 18726. Finance Charge	3.93	513.08		
11/30/2013	INV #FC 18828. Finance Charge	3.80	516.88		
12/31/2013	INV #FC 18929. Finance Charge	3.93	520.81		
01/01/2014	INV #dues2014400.	72.00	592.81		
01/31/2014	INV #FC 19193. Finance Charge	10.00	602.81		
01/31/2014	INV #FC 20141. Finance Charge	4.21	607.02		
02/28/2014	INV #FC 20503. Finance Charge	4.20	611.22		
03/31/2014	INV #FC 20713. Finance Charge	4.66	615.88		
04/30/2014	INV #FC 20866. Finance Charge	4.51	620.39		
05/31/2014	INV #FC 21001. Finance Charge	4.66	625.05		
06/30/2014	INV #FC 21125. Finance Charge	4.51	629.56		
07/31/2014	INV #FC 21241. Finance Charge	4.66	634.22		
08/31/2014	INV #FC 21351. Finance Charge	4.66	638.88		
09/30/2014	INV #FC 21458. Finance Charge	4.51	643.39		
10/31/2014	INV #FC 21570. Finance Charge	4.66	648.05		
11/30/2014	INV #FC 21730. Finance Charge	4.51	652.56		
12/31/2014	INV #FC 21831. Finance Charge	4.66	657.22		
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
0.00	5.93	6.12	6.12	923.97	\$942.14



Tri Palm Unified Owners Association
 32-851 Desert Moon Drive
 Thousand Palms, CA 92276
 (760) 343-5256

Statement

Date
10/28/2016

Bill To
3155 Estate of Gerald Iovine DECEASED NO VALID ADDRESS

Property Location:
32-545 St. Andrews Drive Thousand Palms, CA 92276

Amount Due	Amount Enc.
\$942.14	

Date	Transaction	Amount	Balance		
01/01/2015	INV #Assmt10109.				
01/31/2015	INV #FC 22004. Finance Charge	72.00	729.22		
01/31/2015	INV #FC 22527. Finance Charge	5.37	734.59		
02/28/2015	INV #FC 22755. Finance Charge	10.00	744.59		
03/31/2015	INV #FC 22925. Finance Charge	4.86	749.45		
04/30/2015	INV #FC 23061. Finance Charge	6.41	755.86		
05/31/2015	INV #FC 23434. Finance Charge	8.18	764.04		
11/01/2015	CREDMEM #CM-8915FC. VOID:	11.00	775.04		
01/01/2016	INV #ASSMT-9615.	-6.36	768.68		
01/31/2016	INV #FC 23713. Finance Charge	72.00	840.68		
01/31/2016	INV #FC 23970. Finance Charge	43.42	884.10		
02/29/2016	INV #FC 24195. Finance Charge	10.00	894.10		
03/31/2016	INV #FC 24365. Finance Charge	5.77	899.87		
04/30/2016	INV #FC 24525. Finance Charge	6.12	905.99		
05/31/2016	INV #FC 24636. Finance Charge	5.93	911.92		
06/30/2016	INV #FC 24735. Finance Charge	6.12	918.04		
07/31/2016	INV #FC 24826. Finance Charge	5.93	923.97		
08/31/2016	INV #FC 24916. Finance Charge	6.12	930.09		
09/30/2016	INV #FC 24999. Finance Charge	6.12	936.21		
		5.93	942.14		
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
0.00	5.93	6.12	6.12	923.97	\$942.14