

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



ITEM: 19.9  
(ID # 14943)

**MEETING DATE:**  
Tuesday, January 24, 2023

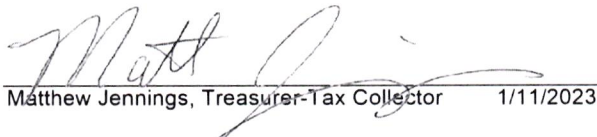
**FROM :** TREASURER-TAX COLLECTOR:

**SUBJECT:** TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 214, Item 433. Last assessed to: Alfredo E. Ruybal, a married man as his sole and separate property. District 5. [\$107,267-Fund 65595 Excess Proceeds from Tax Sale]

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

1. Approve the claim from Chrystine E. Ruybal, Executor of the Estate of Alfredo E. Ruybal, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 442323009-7;
2. Deny the claim from Epsten Grinnell & Howell, APC for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 442323009-7;
3. Authorize and direct the Auditor-Controller to issue a warrant to Chrystine E. Ruybal, Executor of the Estate of Alfredo E. Ruybal in the amount of \$107,267.61, 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**

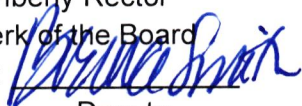
  
Matthew Jennings, Treasurer-Tax Collector 1/11/2023

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**MINUTES OF THE BOARD OF SUPERVISORS**

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

Ayes: Jeffries, Spiegel, Washington, Perez, and Gutierrez  
Nays: None  
Absent: None  
Date: January 24, 2023  
xc: Tax Collector

Kimberly Rector  
Clerk of the Board  
By:   
Deputy

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

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$107,267	\$ 0	\$107,267	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.</b>			<b>Budget Adjustment:</b>	N/A
			<b>For Fiscal Year:</b>	22/23

**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 June 4, 2019 public auction tax sale. The deed conveying title to the purchasers at the auction was recorded August 13, 2019. 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 27, 2019, 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 two claims for excess proceeds:

1. Claim from Chrystine E. Ruybal, Executor of the Estate of Alfredo E. Ruybal based on a Quitclaim Deed recorded September 22, 2011 as Instrument No. 2011-0422086, an Affidavit Given for Transfer of Personal Property notarized May 28, 2020, a copy of the Last Will and Testament of Alfredo E. Ruybal, and a Certificate of Death for Alfredo Eligio Ruybal.
2. Claim from Epsten Grinnell & Howell, APC based on a Notice of Delinquent Assessment recorded June 27, 2018 as Instrument No. 2018-0258341.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Chrystine E. Ruybal, Executor of the Estate of Alfredo E. Ruybal be awarded excess proceeds in the amount of \$107,267.61. The claim from Epsten Grinnell & Howell, APC be denied excess proceeds because the claimant could not provide an authorization to collect or an updated statement of monies owed to substantiate their claim. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimants by certified mail.

**Impact on Residents and Businesses**

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

Excess proceeds will be released to the Executor of the estate of the last assessee of the property.

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

**ATTACHMENT A. Claim Ruybal**

**ATTACHMENT B. Claim SDEHOA**

  
Stephanie Perez, Principal Management Analyst 1/16/2023

  
Kristine Bell-Valdez, Supervising Deputy County Counsel 11/21/2022

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

RECEIVED

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

2020 JUN 16 AM 11:17

TC 214 Item 433 Assessment No.: 442323009-7

Assessee: RUYBAL, ALFREDO E

RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

Situs: 934 SAN GORGONIO WAY HEMET 92543

Date Sold: June 4, 2019

Date Deed to Purchaser Recorded: August 13, 2019

Final Date to Submit Claim: August 13, 2020

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ \_\_\_\_\_ from the sale of the above mentioned real property. I/We were the  lienholder(s),  property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. 2011-0422086; recorded on 9/22/2011. 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 29 day of May, 20   at LA County  
County, State

X Christine E Ruybal  
Signature of Claimant

~~Signature of Claimant~~

X Chrystine E Ruybal  
Print Name

Print Name

X 1122 6th St #207  
Street Address

Street Address

X Santa Monica, CA 90403  
City, State, Zip

City, State, Zip

X 949-307-1825  
Phone Number

Phone Number

LAW OFFICE OF RONALD E. DOTY JR.

A PROFESSIONAL CORPORATION

1600 E. Florida Avenue, Suite 218  
Hemet, California 92544  
(951) 658-1100

(951) 929-8000  
Fax (951) 929-8008  
Email: [ron@redoty.com](mailto:ron@redoty.com)

June 10, 2020

Mr. Jon Christensen  
Treasurer-Tax Collector  
4080 Lemon Street  
Riverside, CA 92501

Re: Claim for Excess Proceeds From the Sale of Tax-Defaulted Property


Dear Mr. Christiansen:

Please find enclosed the Claim for Excess Proceeds by my client, Cynthia Ruybal.

A Small Estate Affidavit under California Probate Code Section 13101 is also enclosed. Payment may be made directly to my client.

Thank you for your courtesies. If you have any questions, please call or email me.

Best regards,



Ronald E. Doty Jr.

rdj

Enclosures: Claim for Excess Proceeds from the Sale of Tax-Defaulted Property  
Affidavit Given for Transfer of Personal Property

APN 442323009-7  
TC 214 Items 433  
Date of Sale: June 4, 2019

RECEIVED

2021 MAY -4 PM 3: 58

Alfredo E. Ruybal died on 8/4/2012

He was the sole owner of real property located at 934 San Gorgonio Way, Hemet, Riverside County, CA 92543

He signed his Last Will and Testament on February 2, 2011 leaving his real and personal property to two of his children, Mark A. Ruybal and Chrystine E. Ruybal (aka Chrystine Ruybal) in equal shares.

Mark A. Ruybal and Chrystine E. Ruybal were named Co-Executors of Alfredo E. Ruybal's Last Will and Testament.

Mark A. Ruybal died on 9/17/2017.

Chrystine E. Ruybal is the sole Executor of the Last Will and Testament of Alfredo E. Ruybal.

As stated in the Last Will and Testament of Alfredo E. Ruybal at paragraph "Fourth" the beneficiaries of his estate are his son, Mark A. Ruybal and his daughter Chrystine E. Ruybal. If one fails to survive, then the deceased beneficiary's children will take the share belonging to the deceased beneficiary.

At the time of death of Mark A. Ruybal, the estate of Alfredo E. Ruybal had not been administered. Therefore, his estate is now the beneficiary of his share of the estate of Alfredo E. Ruybal.

**Address of beneficiaries of the Estate of Alfredo E. Ruybal:**

Chrystine E. Ruybal, 1122 6<sup>th</sup> Street, Apartment 207, Santa Monica, CA 90403

**Beneficiaries of deceased beneficiary, Mark A. Ruybal:**

Nicholas M. Ruybal (aka Nick Ruybal) 8057 E. Carol Way, Scottsdale, AZ 85260

Jake A Ruybal (aka Jake Estrada), 25936 Grant Avenue, Hemet, CA 92544

Khloiee J Ruybal, 212 Lido Street, Redlands, CA 92374

Signed: \_\_\_\_\_

*Chrystine E. Ruybal*

Chrystine E. Ruybal

On this day: \_\_\_\_\_

*4/30/2021*

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: \_\_\_\_\_ )

County of: \_\_\_\_\_ )

On \_\_\_\_\_, before me, \_\_\_\_\_, Notary Public,  
personally appeared Chrystine E. Ruybal, who proved to me on the basis of satisfactory  
evidence to be the person whose name is subscribed to the within instrument and  
acknowledged to me that she executed the same in her authorized capacity, and that by her  
signature on the instrument the person, or the entity upon behalf of which the person 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.

Please see Attached  
Form For Notary

Dated 04/30/2021

Signature \_\_\_\_\_

# 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

On 04 /30/ 2021 before me, Jesus A. Rodriguez Abarca, Notary Public  
(Here insert name and title of the officer)

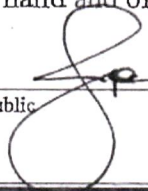
personally appeared Chrystine E. Ruybal

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.

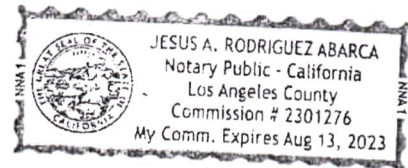
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public



(Notary Seal)



## ADDITIONAL OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_

(Additional information)

### CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
- Corporate Officer

(Title)

- Partner(s)
- Attorney-in-Fact
- Trustee(s)
- Other \_\_\_\_\_

### INSTRUCTIONS FOR COMPLETING THIS FORM

*Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.*

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document





LAW OFFICE OF RONALD E. DOTY JR.  
1600 E. Florida Avenue Suite 218  
Hemet, CA 92544

1 Law Office of Ronald E. Doty Jr., APC  
2 Ronald E. Doty Jr. SBN 204171  
3 1600 East Florida Avenue, Suite 218  
4 Hemet, California 92544  
5 Telephone (951) 658-1100

6 Attorney for Chrystine Ruybal  
7 Representatives of the Estate of Alfredo E. Ruybal

8  
9 AFFIDAVIT GIVEN FOR TRANSFER OF PERSONAL PROPERTY

10 California Probate Code §13101

- 11 1. I, Chrystine Ruybal, representative of the Estate of Alfredo E. Ruybal, do hereby make this  
12 affidavit to induce Jon Christensen, Treasurer-Tax Collector, County of Riverside, California  
13 to transfer to the undersigned, title to that property described in paragraph 5, below, pursuant to  
14 California Probate Code §13101.
- 15 2. Alfredo E. Ruybal, died on August 4, 2012.
- 16 3. At least forty (40) days have elapsed since the death of Alfredo E. Ruybal, as shown by a  
17 certified copy of the Decedents' Death Certificate attached to this Affidavit.
- 18 4. No proceeding is now being, has been or will be conducted in California for administration of  
19 the Decedent's estate.
- 20 5. The gross value of the Decedents' real and personal property in California, excluding property  
21 described in Section 13050 of the California Probate Code, does not exceed One Hundred Fifty  
22 Thousand Dollars (\$150,000.00), including the following:
- 23 Jon Christensen, Treasurer-Tax Collector, County of Riverside, California  
24 *Account No.: TC 214, Item 433, Assessment No.: 442323009-7*  
25 *Approx. Balance: Unknown*
- 26 6. I am an heir at law of the decedent and am entitled to succeed to his property as executor on  
27 that basis.  
28

LAW OFFICE OF RONALD E. DOTY JR.  
1600 E. Florida Avenue Suite 218  
Hemet, CA 92544

- 1 7. I am the successor of the decedents (as defined in Section 13006 of the California Probate
- 2 Code) and to the Decedents' interest in the above-described property.
- 3 8. No other person has a right to the interest of the Decedent in the above-described property.
- 4 9. I request that the above described property be paid, delivered or transferred to the undersigned
- 5 declarant, Chrystine Ruybal.

6 We declare under penalty of perjury under the laws of the State of California that the foregoing is  
7 true and correct.

8 DATED: 5/28, 2020

Chrystine Ruybal, Executor of the Alfredo E. Ruybal Estate

11 **ACKNOWLEDGMENT FOR CHRYSTINE RUYBAL**

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

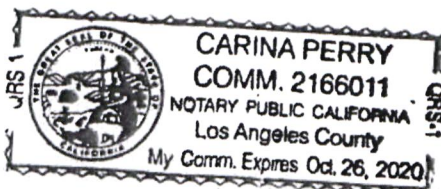
16 STATE OF CALIFORNIA )  
17 COUNTY OF Los Angeles ) ss.

18 On 5/28/2020, before me, CARINA PERRY, Notary Public,  
19 personally appeared Chrystine Ruybal, who proved to me on the basis of satisfactory evidence to be  
20 the person whose name is subscribed to the within instrument and acknowledged to me that they  
executed the same in their authorized capacity, and that by their signature on the instrument the  
person, or the entity upon behalf of which the person acted, executed the instrument.

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

23 WITNESS my hand and official seal.

24 Signature Carina Perry [seal]



1 LAST WILL AND TESTAMENT OF  
2 ALFREDO E. RUYBAL  
3

4 I, Alfredo E. Ruybal, presently residing in the State of California, declare this to be  
5 my Last Will and Testament, hereby expressly revoking any and all other Wills and/or  
6 Codicils to Wills previously made by me.

7 FIRST: I am married. I have three (3) living children, namely, Mark A. Ruybal,  
8 Chrystine E. Ruybal and Debbie Ruybal.

9 SECOND: It is my intention hereby to dispose of all of the property of my estate,  
10 real and personal, wheresoever situated, that I have the right to dispose of by will. All  
11 bequests in this Will are conditioned upon the beneficiary thereof surviving me by thirty (30)  
12 days.

13 THIRD: I direct the person appointed to administer my estate to pay the expenses of  
14 my last illness, funeral and burial, to the extent same have not previously been paid, as soon  
15 as practicable after my death.

16 FOURTH: I give all of the property of my estate, real and personal, wheresoever  
17 situated, to my son, Mark A. Ruybal and my daughter, Chrystine E. Ruybal, equally.  
18 If any of my children predecease me and leave children surviving me, then such deceased  
19 child's share shall be distributed to such deceased child's children who survive me, equally. If  
20 any of my children predecease me without children surviving me, then such deceased child's  
21 share shall be added to the remaining shares equally.

22 Any of these shares not otherwise effectively disposed of by the provisions of this  
23 paragraph shall be added prorata to the shares that are effectively disposed of in this paragraph.

24 FIFTH: I purposely make no provision for any other person whether claiming to be  
25 an heir of mine or not. If any beneficiary under this Will shall contest this Will or object to  
26 any of the provisions thereof, then the bequest to any such beneficiary shall be revoked and  
27 this Will shall be construed and my estate distributed as though said beneficiary had  
28 predeceased me without issue surviving.



1 On the date written below, the testator, Alfredo E. Ruybal, declared to us, the  
2 undersigned, that the foregoing instrument consisting of three (3) pages, including the page  
3 signed by us as witnesses, was the testator's Will and asked us to witness it. The testator  
4 then signed this Will in our presence, all of us being present at the same time. At the  
5 testator's request, in the testator's presence, and in the presence of each other, we subscribe  
6 our names as witnesses.

7 Each of us is now more than eighteen (18) years of age and a competent witness and  
8 resides at the address set forth after his or her name below.

9 We believe that the testator is over the age of eighteen (18), is of sound mind and is  
10 under no constraint or undue influence.

11 We declare under penalty of perjury under the laws of the State of California that the  
12 foregoing is true and correct and that this declaration was executed on February 2, 2011, at  
13 Hemet, California.

14 Bonnie S Ferris residing at Hemet, CA 92544  
15

16 Margaret Wolford residing at Hemet, CA 92544  
17  
18

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CERTIFICATION OF VITAL RECORD

# COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052012148802

CERTIFICATE OF DEATH

3201233008489

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>ALFREDO</b>		2. MIDDLE <b>ELIGIO</b>	
3. LAST (Family) <b>RUYBAL</b>		4. DATE OF BIRTH mm/dd/yyyy <b>10/27/1928</b>	
5. AGE Yrs. Months Days <b>83</b>		6. SEX <b>M</b>	
7. DATE OF DEATH mm/dd/yyyy <b>08/04/2012</b>		8. HOUR (24 Hour) <b>0803</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CO</b>		10. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
11. MARITAL STATUS (at Time of Death) <b>MARRIED</b>		12. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>AMERICAN INDIAN, WHITE</b>	
13. EDUCATION - Highest Level/Grade (See worksheet on back) <b>MASTER'S</b>		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <b>SPANISH</b> <input type="checkbox"/> NO	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>BILINGUAL SPEECH PATHOLOGIST</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>EDUCATION</b>	
19. YEARS IN OCCUPATION <b>40</b>		20. DECEDENT'S RESIDENCE (Street and number, or location) <b>458 OVERLEAF WAY</b>	
21. CITY <b>SAN JACINTO</b>		22. COUNTY/PROVINCE <b>RIVERSIDE</b>	
23. ZIP CODE <b>92582</b>		24. YEARS IN COUNTY <b>40</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>MARK RUYBAL, SON</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>458 OVERLEAF WAY, SAN JACINTO, CA 92582</b>		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>MARY</b>	
29. MIDDLE <b>JOSEPHINE</b>		30. LAST (BIRTH NAME) <b>BLANCHARD</b>	
31. NAME OF FATHER/PARENT - FIRST <b>FRUCTOSO</b>		32. LAST <b>RUYBAL</b>	
33. BIRTH STATE <b>UNKNOWN</b>		34. NAME OF MOTHER/PARENT - FIRST <b>GENEVIEVE</b>	
35. MIDDLE <b>-</b>		36. LAST (BIRTH NAME) <b>GARCIA</b>	
37. BIRTH STATE <b>CO</b>		39. DISPOSITION DATE mm/dd/yyyy <b>08/16/2012</b>	
40. PLACE OF FINAL DISPOSITION <b>RES MARK RUYBAL</b>		41. TYPE OF DISPOSITIONS <b>CR/RES</b>	
42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER <b>-</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>SAN JACINTO VALLEY MORTUARY</b>		45. DATE mm/dd/yyyy <b>08/16/2012</b>	
101. PLACE OF DEATH <b>KAISER FOUNDATION HOSPITAL - MORENO VALLEY</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> ODA <input type="checkbox"/> Hospice <input type="checkbox"/> Home/UTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. COUNTY <b>RIVERSIDE</b>		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>27300 IRIS AVENUE</b>	
105. CITY <b>MORENO VALLEY</b>		106. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>1 OF 2</b> <b>SEPSIS</b> <b>PERITONITIS</b> <b>COMPLICATION OF PERCUTANEOUS ENDOSCOPIC GASTROSTOMY TUBE PLACEMENT</b>	
107. IMMEDIATE CAUSE (Final disease or condition resulting in death)		108. TIME INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE <b>2012-06593</b>	
109. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
111. OTHER SIGNIFICANT CONDITION(S) CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>		112. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? (If yes, list type of operation and date) <b>PEG TUBE PLACEMENT 07/31/2012</b>		114. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: Attended Since <input type="checkbox"/> Decedent: Last Seen Alive <input type="checkbox"/>	
115. SIGNATURE AND TITLE OF CERTIFIER <b>AIMEE ROBERTS</b>		116. LICENSE NUMBER <b>50</b>	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
119. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy <b>07/31/2012</b>		122. HOUR (24 Hour) <b>UNK</b>	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>HOSPITAL</b>		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) <b>COMPLICATION OF SURGICAL PROCEDURE</b>	
125. LOCATION OF INJURY (Street and number, or location, and city, and state) <b>27300 IRIS AVENUE, MORENO VALLEY, CA 92555</b>		126. SIGNATURE OF CORONER / DEPUTY CORONER <b>AIMEE ROBERTS</b>	
127. DATE mm/dd/yyyy <b>08/14/2012</b>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>AIMEE ROBERTS, DEPUTY CORONER</b>	
STATE REGISTRAR		FAX AUTH.#	
A B C D E		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Assessor-County Clerk-Recorder.

JAN 24 2020

DATE ISSUED

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



034921335

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



CARIVERS02

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



# COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052012148802

**AFFIDAVIT TO AMEND A RECORD**

3201233008489

STATE FILE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

LOCAL REGISTRATION NUMBER

1.1

BIRTH  DEATH  FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

**PART I INFORMATION TO LOCATE RECORD**

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST ALFREDO		1B. MIDDLE ELIGIO		1C. LAST RUYBAL
	2. SEX M	3. DATE OF EVENT—MM/DD/CCYY 08/04/2012	4. CITY OF EVENT MORENO VALLEY		5. COUNTY OF EVENT RIVERSIDE
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD FRUCTOSO - RUYBAL			7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD GENEVIEVE - GARCIA	

**PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD**

8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
34	UNKNOWN	CO
<p>LIST ONE ITEM PER LINE</p> <p style="font-size: 2em; font-weight: bold;">2 OF 2</p>		

11. TO CORRECT THE RECORD

REASON FOR CORRECTION

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

AFFIDAVITS AND SIGNATURES	12A. SIGNATURE OF FIRST PERSON ▶ CHERYL GERBL	12B. PRINTED NAME CHERYL GERBL	12C. TITLE/RELATIONSHIP TO PERSON IN PART I MANAGER
	12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 250 S. STATE ST., SAN JACINTO, CA 92583	12E. DATE SIGNED—MM/DD/CCYY 08/16/2012	
TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD	13A. SIGNATURE OF SECOND PERSON ▶ TAMBIA GERBL	13B. PRINTED NAME TAMBIA GERBL	13C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
	13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 250 S. STATE STREET, SAN JACINTO, CA 92583	13E. DATE SIGNED—MM/DD/CCYY 08/16/2012	
STATE/LOCAL REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR ▶ STATE REGISTRAR - OFFICE OF VITAL RECORDS	15. DATE ACCEPTED FOR REGISTRATION 08/20/2012	

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

020101002134426

FORM VS 24e (REV. 1/08)

1.1

CARIVERS02

**CERTIFIED COPY OF VITAL RECORD**  
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

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DATE ISSUED JAN 24 2020

DATE ISSUED

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034921336

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



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052017066214

**CERTIFICATE OF DEATH**

3201733003845

1 NAME OF DECEASED - FIRST NAME <b>MARY</b>		2 MIDDLE <b>JOSEPHINE</b>		3 LAST NAME <b>RUJBAL</b>	
4 DATE OF BIRTH <b>06/19/1936</b>					
5 SEX <b>F</b>					
6 RACE <b>WHITE</b>					
7 MARRITAL STATUS <b>WIDOWED</b>					
8 DATE OF DEATH <b>03/22/2017</b>					
9 HOURS <b>1545</b>					
10 OCCUPATION <b>TEACHER</b>					
11 SPECIAL EDUCATION <b>SPECIAL EDUCATION</b>					
12 YEARS IN OCCUPATION <b>30</b>					
13 ADDRESS <b>458 OVERLEAF WAY</b>					
14 CITY <b>SAN JACINTO</b>					
15 COUNTY <b>RIVERSIDE</b>					
16 ZIP CODE <b>92582</b>					
17 YEARS IN COUNTY <b>47</b>					
18 STATE <b>CA</b>					
19 DECEASED'S RELATIONSHIP <b>ORJEANA RUJBAL, DAUGHTER IN LAW</b>					
20 ADDRESS <b>458 OVERLEAF WAY, SAN JACINTO, CA 92582</b>					
21 NAME OF SURVIVING SPOUSE(S) <b>-</b>					
22 MIDDLE <b>-</b>					
23 LAST BIRTH NAME <b>-</b>					
24 NAME OF FATHER (FIRST) <b>JOHN</b>					
25 MIDDLE <b>W.</b>					
26 LAST BIRTH NAME <b>BLANCHARD</b>					
27 BIRTH STATE <b>IN</b>					
28 NAME OF MOTHER (FIRST) <b>EMY</b>					
29 MIDDLE <b>LOU</b>					
30 LAST BIRTH NAME <b>PANYARD</b>					
31 BIRTH STATE <b>IN</b>					
32 PLACE OF DEATH <b>DESERT HILLS MEMORY CARE</b>					
33 COUNTY <b>RIVERSIDE</b>					
34 STREET ADDRESS <b>26818 COLUMBIA STREET</b>					
35 CITY <b>HEMET</b>					
36 CAUSE OF DEATH <b>ACUTE CEREBROVASCULAR ACCIDENT</b>					
37 ICD-10 CODE <b>I63.91</b>					
38 ICD-9 CODE <b>430.91</b>					
39 OTHER CAUSE <b>CEREBROVASCULAR DISEASE</b>					
40 OTHER CAUSE <b>CHRONIC KIDNEY DISEASE, HYPERTENSION</b>					
41 ICD-10 CODE <b>I63.91</b>					
42 ICD-9 CODE <b>430.91</b>					
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**CERTIFIED COPY OF VITAL RECORD**  
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

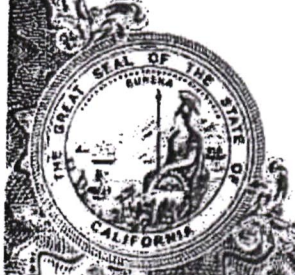
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DATE ISSUED **MAY 07 2020**

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*Peter Adams*  
PETER ADAMS  
ASSASSOR-COUNTY CLERK-RECORDER



Scanned with

CERTIFICATION OF VITAL RECORD

# COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052017189403

**CERTIFICATE OF DEATH**

3201733011241

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY FOR SIGNATURES, WITNESSES OR ALTERATIONS VS-1 (08/97 3/02)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given)		2. MIDDLE		3. LAST (Family)	
MARK		ALAN		RUYBAL	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX	
09/08/1967		50		M	
8. BIRTH STATE/FOREIGN COUNTRY		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SIDP (at time of death)	
IN		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION—Highest Level/Degree (see worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)		18. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back)	
SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE, AMERICAN INDIAN, SPANISH	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
CARPENTER		CARPENTRY		18	
20. DECEDENT'S RESIDENCE (Street and number or location)					
458 OVERLEAF WAY					
21. CITY		22. COUNTY/PROVINCE		25. STATE/FOREIGN COUNTRY	
SAN JACINTO		RIVERSIDE		CA	
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		
ORJEANA RUYBAL, WIFE			458 OVERLEAF WAY, SAN JACINTO, CA 92582		
28. NAME OF SURVIVING SPOUSE/SIDP—FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
ORJEANA				HUIE	
31. NAME OF FATHER/PARENT—FIRST		32. MIDDLE		33. LAST	
ALFREDO		ELIGIO		RUYBAL	
35. NAME OF MOTHER/PARENT—FIRST		36. MIDDLE		37. LAST (BIRTH NAME)	
MARY		JOSEPHINE		BLANCHARD	
38. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
09/21/2017		RESEARCH FOR LIFE, LLC 41743 ENTERPRISE CIRCLE N. STE 104, TEMECULA, CA 92590			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
SU		NOT EMBALMED			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER (if any)		47. DATE mm/dd/yyyy	
OPTIONS FUNERAL AND CREMATION SERVICE				09/21/2017	
101. PLACE OF DEATH					
RIVERSIDE UNIVERSITY HEALTH SYSTEM MED CTR					
104. COUNTY		105. FACILITY ADDRESS OR LOCATION (Where found) (Street and number, or location)		106. CITY	
RIVERSIDE		26520 CACTUS AVENUE		MORENO VALLEY	
107. CAUSE OF DEATH					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
A) GUNSHOT WOUND OF HEAD					
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					
108. CERTIFIED TO CORPSE?					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
109. BIOPSY PERFORMED?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
110. AUTOPSY PERFORMED?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
111. USED IN DETERMINING CAUSE?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107)					
NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)					
NO					
114. I CERTIFY THIS TO BE THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CHIEF STAFF:		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent Attended Since		Decedent Last Seen Alive			
(A) mm/dd/yyyy		(B) mm/dd/yyyy			
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. LICENSE NUMBER			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CHIEF STAFF:		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		09/17/2017	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)			
RESIDENCE		0918			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
SHOT SELF WITH 45-CALIBER HANDGUN.					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
458 OVERLEAF WAY, SAN JACINTO, CA 92582					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
NADINE TOWNSEND		09/21/2017		NADINE TOWNSEND, DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH#		CENSUS TRACT	
A B C D E					

**CERTIFIED COPY OF VITAL RECORD**  
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Assessor-County Clerk-Recorder.

DATE ISSUED

OCT 23 2017

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



034708240

*Peter Aldana*

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CARIVERS02

**Certified Article Number**

9414 7266 9904 2170 6114 18

**SENDER'S RECORD**

**Certified Article Number**

9414 7266 9904 2170 6114 01

**SENDER'S RECORD**

*Respond to San Diego Office*

August 6, 2020

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**  
**AND FIRST CLASS MAIL**

COUNTY OF RIVERSIDE  
TREASURER-TAX COLLECTOR  
County Administrative Center-4<sup>th</sup> Floor  
4080 Lemon Street, P.O. Box 12005  
Riverside, CA 92502-2205

Re: **SIERRA DAWN ESTATES HOMEOWNERS ASSOCIATION, INC.**

Account: Client:

Taxing Agency: County of Riverside, Treasurer-Tax Collector

Item Sale No: 433 Assessment No:442323009-7

Property Address: 934 San Gorgonio Way, Hemet, CA 92543

To Whom It May Concern:

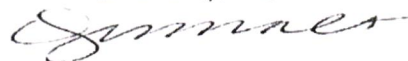
Our office received correspondence dated April 04, 2019, advising that the property located at 934 San Gorgonio Way, Hemet, CA 92543, would be sold at a tax-defaulted sale on June 04, 2019, and the demand for surplus funds is to be submitted to your office. Enclosed please find the following documents and information to substantiate **SIERRA DAWN ESTATES HOMEOWNERS ASSOCIATION, INC.** claim for surplus funds:

1. Notice of Delinquent Assessment recorded June 27, 2018. The balance due to the Association at the time of the sale was **\$2,994.92.**
2. Tax identification number

I declare under penalty and perjury, under the laws of the State of California, that the foregoing is true and correct. Please remit the payment to **SIERRA DAWN ESTATES HOMEOWNERS ASSOCIATION, INC.** and send the payment to Epsten, APC, Attention Mason Inocentes, 10200 Willow Creek Road, Suite 100, San Diego, CA 92131.

Very truly yours,

EPSTEN, APC



Debora M. Zumwalt  
Attorney at Law

Enclosure



Sierra Dawn Estates Homeowners Association  
 Alfredo E. Ruybal  
 934 San Georonio Way

Date	Assessments	Assessment Credits	Running Assessment Balance	Late Charge	Collection Costs	Interest 12%	Balance Due
06/01/17	\$119.00		\$119.00				\$119.00
06/16/17			\$119.00	\$10.00			\$129.00
06/30/17			\$119.00			\$1.19	\$130.19
06/30/17			\$119.00		\$10.00		\$140.19
07/01/17	\$119.00		\$238.00				\$259.19
07/18/17			\$238.00	\$10.00			\$269.19
07/31/17			\$238.00			\$2.58	\$271.77
07/31/17			\$238.00		\$10.00		\$281.77
08/01/17	\$119.00		\$357.00				\$400.77
08/16/17			\$357.00	\$10.00			\$410.77
08/31/17			\$357.00			\$3.97	\$414.74
09/01/17	\$119.00		\$476.00				\$533.74
09/16/17			\$476.00	\$10.00			\$543.74
09/30/17			\$476.00			\$5.26	\$549.00
10/01/17	\$119.00		\$595.00				\$668.00
10/17/17			\$595.00	\$10.00			\$678.00
10/31/17			\$595.00			\$6.55	\$684.55
11/01/17	\$119.00		\$714.00				\$803.55
11/16/17			\$714.00	\$10.00			\$813.55
11/17/17			\$714.00		\$200.00		\$1,013.55
11/30/17			\$714.00			\$7.84	\$1,021.39
12/01/17	\$119.00		\$833.00				\$1,140.39
12/16/17			\$833.00	\$10.00			\$1,150.39
12/31/17			\$833.00			\$11.13	\$1,161.52
01/01/18	\$119.00		\$952.00				\$1,280.52
01/17/18			\$952.00	\$10.00			\$1,290.52
01/31/18			\$952.00			\$12.42	\$1,302.94
02/01/18	\$119.00		\$1,071.00				\$1,421.94
02/16/18			\$1,071.00	\$10.00			\$1,431.94
02/28/18			\$1,071.00			\$13.71	\$1,445.65
03/01/18	\$119.00		\$1,190.00				\$1,564.65
03/16/18			\$1,190.00	\$10.00			\$1,574.65
03/31/18			\$1,190.00			\$15.00	\$1,589.65
04/01/18	\$119.00		\$1,309.00				\$1,708.65
04/16/18			\$1,309.00	\$10.00			\$1,718.65

1

**EXHIBIT A**

Sierra Dawn Estates Homeowners Association  
 Alfredo E. Ruybal  
 934 San Georzonio Way

Date	Assessments	Assessment Credits	Running Assessment Balance	Late Charge	Collection Costs	Interest 12%	Balance Due
04/30/18			\$1,309.00			\$18.39	\$1,737.04
05/01/18	\$119.00		\$1,428.00				\$1,856.04
05/16/18			\$1,428.00	\$10.00			\$1,866.04
05/31/18			\$1,428.00			\$20.28	\$1,886.32
06/01/18	\$119.00		\$1,547.00				\$2,005.32
✓ 06/16/18			\$1,547.00	\$10.00			\$2,015.32
<b>TOTALS</b>	<b>\$1,547.00</b>	<b>\$0.00</b>		<b>\$130.00</b>	<b>\$220.00</b>	<b>\$118.32</b>	<b>\$2,015.32</b>

Attorneys' Fees \$979.60

Total Balance Due \$2,994.92

NEW

Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**Sierra Dawn Estates Homeowners Association, Inc**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

- Individual/sole proprietor or single-member LLC
- C Corporation
- S Corporation
- Partnership
- Trust/estate
- Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_
- Other (see instructions) ▶ \_\_\_\_\_

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

**P.O. Box 129**

6 City, state, and ZIP code

**Hemet, CA 92546**

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.  
See Specific Instructions on page 3.

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

or

Employer identification number

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶ *James Goodrich*

Date ▶ *8/5/2020*

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (Interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.  
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



Claim submitted timely.

Tracking Number: 9414726699042170611418

Remov

Status

Your item was delivered at 9:50 am on August 10, 2020 in RIVERSIDE, CA 92501.

 **Delivered**

August 10, 2020 at 9:50 am  
RIVERSIDE, CA 92501

Get Updates 

Delivered

Text & Email Updates 

Tracking History 

August 10, 2020, 9:50 am

Delivered  
RIVERSIDE, CA 92501

Your item was delivered at 9:50 am on August 10, 2020 in RIVERSIDE, CA 92501.

August 8, 2020, 10:30 am

Available for Pickup  
RIVERSIDE, CA 92501

August 8, 2020, 9:48 am

Arrived at Post Office  
RIVERSIDE, CA 92501

MATTHEW JENNINGS  
County of Riverside Treasurer - Tax Collector

Giovane Pizano  
Assistant Treasurer



Melissa Johnson  
Assistant Tax Collector

April 1, 2021

Sierra Dawn Estates Homeowners Association, Inc.  
10200 Willow Creek Road, Suite 100  
San Diego, CA 92131

Re: APNs: 442323009-7  
TC 214 Items 433  
Date of Sale: June 4, 2019

To Whom It May Concern:

This office is in receipt of your claims 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.**

- Copies of Will/Trust
- Notarized Statement of one in the same persons for
- Original Notarized Authorization for Agent to Collect Excess Proceeds from Sierra Dawn Estates Homeowners Association, Inc.**
- Notarized Assignment of Right to Collect Excess Proceeds
- Certified Death Certificate for
- Copy of Birth Certificates for

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

Please send in all documents within 30 days (May 1, 2021) me at the number listed below.

Sincerely,

Ana Galindo

Sr. Accounting Assistant  
Tax Sale Operations/Excess Proceeds

Tel 951 955-3848/Fax 951 955-3990

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
EP 214 Item 433  
Sierra Dawn Estates Homeowners Association, Inc.  
10200 Willow Creek Road, Suite 100  
San Diego, CA 92131



9590 9402 5872 0038 8066 21

2. Article Number (Transfer from service label)

7016 0340 0000 2071 9505

C  
A  
X  
B  
D  
3. St  
 Adt  
 Adt  
 Cer  
 Cer  
 Coll  
 Coll  
 Insu  
 Insu

MATTHEW JENNINGS  
County of Riverside Treasurer - Tax Collector

Giovane Pizano  
Assistant Treasurer



Melissa Johnson  
Assistant Tax Collector

August 5, 2022

# Final Notice

SIERRA DAWN ESTATES HOMECE  
C/O EPSTEN, APC  
10200 WILLOW CREEK RD  
SUITE 100  
SAN DIEGO, CA 92131

Re: APN: 442323009-7  
TC 214 Item 433  
Date of Sale: June 4, 2019

To Whom It May Concern:

This office is in receipt of your claim

Please submit the necessary proof 1  
listed below may assist the Treasur

- Copy of a trust/will
- Notarized Statement of different/misspelled
- Original Notarized Authorization for Agent to Collect Excess Proceeds from Sierra Dawn Estates Homeowners Association, Inc.**
- Notarized Assignment of Right to Collect Excess Proceeds
- Certified Death Certificate
- Copy of Birth Certificates


- Copy of Marriage Certificate
- Updated Statement of Monies Owed (up to the date of tax sale)**
- Articles of Incorporation (if applicable Statement by Domestic Stock)
- Court Order Appointing Administrator
- Deed (Quitclaim/Grant etc...)
- Other: Claim Form (provided)**

Please send in all documents within 14 days (**September 4, 2022**). If you should have any questions, please contact me at the number listed below.

Sincerely,

*Maricela Ambriz*

Sr. Accounting Assistant  
Tax Sale Operations/Excess Proceeds  
Tel 951 955-3336/Fax 951 955-3990

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Signature <b>X</b></p> <p>B. Received by (Printed Name)</p> <p>C. Is delivery address different from the return address? If YES, enter delivery address below</p>
<p>1. Article Addressed to:</p> <p>SIERRA DAWN ESTATES HOMEOWNERS ASSOCIATION, INC. C/O EPSTEN, APC 10200 WILLOW CREEK RD SUITE 100 SAN DIEGO, CA 92131</p>  <p>9590 9402 5872 0038 8062 25</p>	<p>3. Service Type</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Adult Signature</li><li><input type="checkbox"/> Adult Signature Restricted Delivery</li><li><input type="checkbox"/> Certified Mail®</li><li><input type="checkbox"/> Certified Mail Restricted Delivery</li><li><input type="checkbox"/> Collect on Delivery</li><li><input type="checkbox"/> Collect on Delivery Restricted Delivery</li><li><input type="checkbox"/> Insured Mail</li><li><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</li></ul>
<p>2. Article Number (Transfer from service label)</p> <p>7003 3110 0005 4935 8405</p>	

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