

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



ITEM: 19.6
(ID # 11399)

MEETING DATE:
Tuesday, April 18, 2023

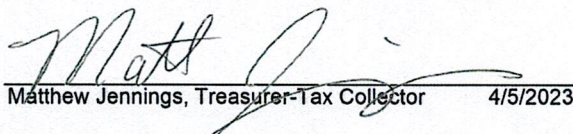
FROM : TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 207, Item 722. Last assessed to: Ambalal L. Patel and Mahesh Kumar Ambalal Patel, Trustees of the Ambalal L. Patel and Kamlaben A. Patel Trust dated January 8, 1989. District 4. [\$19,550 - Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Cochran Investment Company, Inc., Assignee for Mery Held, beneficiary to the Estate of Carl Ernest Held, for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 563250017-3;
2. Authorize and direct the Auditor-Controller to issue a warrant to Cochran Investment Company, Inc., Assignee for Mery Held, beneficiary to the Estate of Carl Ernest Held, in the amount of \$19,550.06, 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.

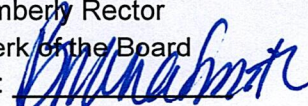
ACTION: Policy


Matthew Jennings, Treasurer-Tax Collector 4/5/2023

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Spiegel, seconded by Supervisor Gutierrez 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: April 18, 2023
xc: Tax Collector

Kimberly Rector
Clerk of the Board
By: 
Deputy

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$19,550	\$ 0	\$19,550	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.			Budget Adjustment:	N/A
			For Fiscal Year:	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 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 Report's, Assessor's and Recorder's records, as well as other, various research methods used to obtain current mailing addresses for these parties of interest.

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

1. Claim from Cochran Investment Company, Inc., Assignee for Mery Held, beneficiary to the Estate of Carl Ernest Held based on an Assignment of Right to Collect Excess Proceeds dated May 31, 2017, a Short Form Deed of Trust and Assignment of Rents and Request for Special Notice recorded November 14, 1989 as Instrument No. 1989-397586, a Note Secured by Deed of Trust dated November 6, 1989, a copy of the Last Will and Testament of Carl Ernest Held dated September 15, 1994, and a Certificate of Death for Carl Ernest Held.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Cochran Investment Company, Inc., Assignee for Mery Held, beneficiary to the Estate of Carl Ernest Held, be awarded excess proceeds in the amount of \$19,550.06. Supporting documentation has been provided. The Treasurer-Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimant by certified mail.

Impact on Residents and Businesses

Excess proceeds will be released to a lienholder of the property.

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

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Cochran


Stephanie Perez, Principal Management Analyst 4/10/2023


Ronak Patel, Deputy County Counsel 3/2/2023

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

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 207 Item 722 Assessment No.: 563250017-3

Assessee: PATEL, AMBALAL L TR & MAHESH KUMAR A TR

Situs: No Property Address.

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 05 2017

RECEIVED

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 20,061 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. 397586; recorded on 11/14/1989. 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.

Drives License, Statement of Amount Due and Owing, Declaration of One and the Same Person, Copy of Last Will and Testament of Carl Ernest Held,
Liberty National Trust System Letter, Short Form Deed of Trust and Assignment of Rents and Request for Special Notice, Death Certificate for Carl Held,
Copy of Note Secured by Deed of Trust, Carl Ernest Held and Eleanor Anna Held Declaration of Intent, Assignment of Rights to Collect Excess
Proceeds

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

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

Executed this 2ND day of JUNE, 2017 at ORANGE, CA
County, State

Signature of Claimant

Signature of Claimant

Kelly A. Mills

VICE-PRESIDENT

Print Name

Print Name

161 Fashion Ln., Ste 105

Street Address

Street Address

Tustin, CA, 92780

City, State, Zip

City, State, Zip

714-731-1820

Phone Number

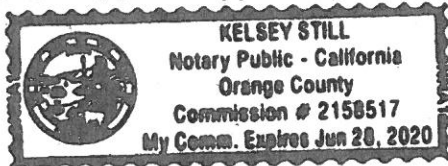
Phone Number

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

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 2
day of June, 2017, by Kelly A. Mills

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



(Seal)

Signature

A handwritten signature in cursive script, appearing to read "K. Still", written over a horizontal line.

ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to Cochran Investment Company, Inc. my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 563250017-3 sold at public auction on May 24, 2016. I understand that the total of excess proceeds available for refund is \$ 20,061 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.

Mery Held
(Signature of Party of Interest/Assignor)

Mery Held, Beneficiary

(Name Printed)

9312 SW 167th Ct.

(Address)

Miami, FL 33196

(City/State/Zip)

786-222-9280

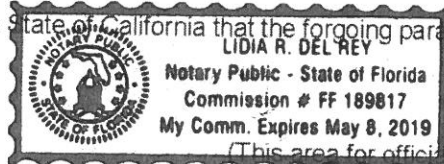
(Area Code/Telephone Number)

STATE OF CALIFORNIA FLORIDA)ss.
COUNTY OF MIAMI-DADE)

On 25 MAY 2017, before me, LIDIA R. DEL REY NOTARY personally appeared MERY HELD, 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) Lidia R. Del Rey

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

Kelly A. Mills
(Signature of Assignee)

Kelly A. Mills

(Name Printed)

161 Fashion Ln., Ste. 105

(Address)

Tustin, CA 92780

(City/State/Zip)

STATE OF CALIFORNIA)ss.
COUNTY OF Orange)

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

WITNESS my hand and official seal.

(Signature of Notary)

(This area for official seal)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

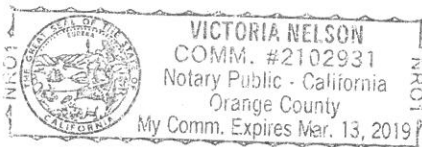
CIVIL CODE § 1189

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

State of California)

County of Orange)On May 31, 2017 before me, VICTORIA NELSON, NOTARY PUBLIC
Date Here Insert Name and Title of the Officerpersonally appeared Kelly A. Mullen
Name(s) of Signer(s)

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



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

WITNESS my hand and official seal.

Signature

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

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

Description of Attached DocumentTitle or Type of Document: _____ Document Date: _____
Number of Pages: _____ Signer(s) Other Than Named Above: _____**Capacity(ies) Claimed by Signer(s)**

Signer's Name: _____

- ☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

Signer's Name: _____

- ☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

NOV. 14, 1989

EXHIBIT A

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

That Portion of the Northeast quarter of the Southwest Quarter of
section 7, Township 5 South, Range 3 East, San Bernardino Base
and Meridian, described as follows;

Beginning at the Northwest corner of Lot 32 of Idyllwild Mountain
Park Tract Subdivision No. 3, as shown in map on file in Book 8,
Page 36 of Maps, Riverside County Records; thence North 4 degrees
11' West 38.42 feet, for the true point of beginning; thence
south 66 degrees 35' West 170.29 feet; thence South 5 degrees 47'
40" East 150 feet, to the Northwest Corner of Lot 36 of said
Idyllwild Mountain Park Tract Subdivision No. 3; thence South 61
degrees 00' West 152 feet, to a point on the Easterly line of the
Banning-Idyllwild Highway; thence North 05 degrees 31' West on
the Easterly line of the Banning Idyllwild Highway, 105.94 feet;
thence Northwesterly, on the Easterly line of the Banning
Idyllwild Highway, on a curve concave to the Southwest, having a
radius of 290 feet, through an angle of 38 degrees 30', a
distance of 194.87 feet; thence North 66 degrees 38' East 211.26
feet, to the Southeasterly corner of Lot 33 of Idyllwild Mountain
Park Co.'s Subdivision No. 9, as shown by map on file in Book 11,
Page 29 of Maps, Riverside County Records; thence Southeasterly
in a straight line, to the true point of beginning.

EXCEPTING therefrom that portion condemned by final order of
condemnation recorded September 28, 1971 as Instrument No.
109968, official records.

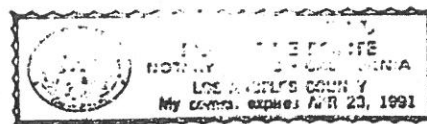
EH2

On November 8, 1989 before me, the
undersigned, a Notary Public in and for said County and State,
personally appeared
Maresh Kumar Ambalal Patel
Ambalal L. Patel
personally known to me
(or proved to me on the basis of satisfactory evidence) to be the
person whose name is subscribed to the within
instrument and acknowledged that he executed the same
WITNESS my hand and official seal

Signature

Ronnie DeVente

Maresh Kumar Ambalal Patel
Maresh Kumar Ambalal Patel Trustee
Ambalal L. Patel
Ambalal L. Patel Trustee



[This area for official notarial seal]

Do Not Destroy This Original Note: When paid the Original Note, together with the Deed of Trust securing same, must be surrendered to Trustee for cancellation and retention before reconveyance will be made.

NOTE SECURED BY DEED OF TRUST
(INSTALLMENT-INTEREST INCLUDED)

\$ 111,900.00 Los Angeles California, November 6, 19 89.

In installments as herein stated, for value received, I promise to pay to

Carl Ernest Held, Trustee U/T/D dated April 29, 1987

or order at place to be designated
the sum of ONE HUNDRED ELEVEN THOUSAND NINE HUNDRED AND NO/100 DOLLARS,

with interest from date on unpaid principal at the rate of
10% (ten) per cent per annum; principal and interest payable in installments of
Nine Hundred Thirty Two and 50/100 Dollars

or more on the 14th day of each calendar month, beginning on the
14th day of December, 19 89 and continuing monthly thereafter
until November 14, 1991 on which said date the entire balance of principal and interest
is due and payable.

xxxxxx continuing until said principal and interest have been paid xxxxxx

Each payment shall be credited first on interest then due and the remainder on principal; and interest shall thereupon cease upon the principal so credited. Should default be made in payment of an installment of principal or interest when due the whole sum of principal and interest shall become immediately due at the option of the holder of this note. Principal and interest payable in lawful money of the United States. If action be instituted on this note I promise to pay such sum as the Court may fix as attorney's fees. This note is secured by a DEED OF TRUST to INTERNATIONAL ESCROW, a corporation, as Trustee.

Ambalal L. Patel and Kamlaben A. Patel Trust dated 1-8-1986

Ambalal L. Patel
Ambalal L. Patel Trustee

Mahesh Kumar Ambalal Patel
Mahesh Kumar Ambalal Patel Trustee

COPY

Last Will and Testament

OF

CARL ERNEST HELD

I, CARL ERNEST HELD, a resident of Riverside County, California, declare that this is my Will.

FIRST: I revoke all Wills and Codicils that I have previously made.

SECOND: I am married to MERY PEREZ AGUDELO and all references in this Will to "my wife" are to her. I have no children from this marriage. I have two children from a prior marriage. They are SHARON DUPLISSEA of San Carlos, California and GARY HELD who is deceased.

THIRD: I hereby confirm that on or about November 22, 1991 I entered into a premarital agreement with my wife which is still in full force and effect.

FOURTH: I confirm to my wife her interest in our community property, if any.

FIFTH: I give all my jewelry, clothing, household furniture and furnishings, personal automobiles and other tangible articles of a personal nature, or my interest in any such property, not otherwise specifically disposed of by this Will or in any other manner, together with any insurance on the property to my wife provided she survives me and if she does not, in equal shares to SHARON DUPLISSEA and my grandson, CARL HELD, II or to the survivor should they both not survive me.

SIXTH: I give the residue of my estate to my wife provided she survives me and if she does not, in equal shares to SHARON DUPLISSEA and my grandson, CARL HELD, II or to the survivor should they both not survive me.

SEVENTH: I am the donee of a power of appointment given to me under Section 4.01 of Article Four of the Declaration of Trust created by Carl Ernest Held and Eleanor Anna Held dated April 29, 1987, as amended. I hereby expressly exercise that power of appointment by appointing all of the assets subject to it to be given to my wife provided she survives me and if she does not, in equal shares to SHARON DUPLISSEA and my grandson, CARL HELD, II or to the survivor should they both not survive me.

EIGHTH: If any beneficiary under this Will in any manner, directly or indirectly, contests or attacks this Will or any of its provisions, any share or interest in my estate given to that contesting beneficiary under this Will is revoked and shall be disposed of in the same manner provided herein as of that contesting beneficiary had predeceased me without issue.

NINTH: I direct that all inheritance, estate, or other death taxes that may by reason of my death be attributable to my probate estate or any portion of it, including any property received by any person as a family allowance or homestead, shall be paid by my Executor out of the residue of my estate disposed of by this Will, without adjustment among the residuary beneficiaries, and shall not be charged against or collected from any beneficiary of my probate estate.

TENTH: I nominate SHARON DUPLISSEA as Executor of this Will. If she shall for any reason fail to qualify or cease to act as Executor, I nominate MARY PEREZ AGUDELO as Executor. The term "my Executor" as used in this Will shall include any personal representative of my estate. No bond shall be required of any Executor named herein.

I authorize my Executor to invest and reinvest any surplus moneys in my Executor's hands in any kind of property, real, personal, or mixed, and every kind of investment, specifically including, but not limited to, interest-bearing accounts, corporate obligations of every kind, preferred or common stocks, shares of investment trusts, investment companies, mutual funds, or common trust funds, including funds administered by my Executor, and mortgage participations, that men of prudence, discretion, and intelligence acquire for their own account.

I further authorize my Executor to sell, with or without notice, at either public or private sale, and to lease any property belonging to my estate, subject only to such confirmation of court as may be required by law.

I further authorize my Executor either to continue the operation of any business belonging to my estate for such time and in such manner as my Executor may deem advisable and for the best interests of my estate, or to sell or liquidate the business at such time and on such terms as my Executor may deem advisable and for the best interests of my estate. Any such operation, sale, or liquidation by my Executor, in good faith, shall be at the risk of my estate and without liability on the part of my Executor for any resulting losses.

ELEVENTH: As used in this Will, the term "issue" shall refer to lineal descendants of all degrees, and the terms "child," "children," and "issue" shall include adopted persons.

I subscribe my name to this Will this 15th day of September, 1994, at Palm Desert, California.

Carl Ernest Held
CARL ERNEST HELD

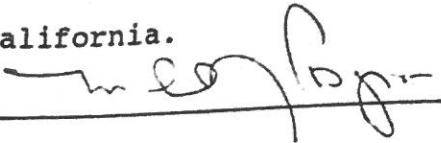
The foregoing instrument consisting of five (5) pages including the following page, was at the date hereof by the testator signed as and declared to be the testator's Last Will and Testament, in the presence of us who, at the testator's request and in the testator's presence and in the presence of each other witness, have subscribed our names as witnesses thereto. Each of us observed the signing of this Last Will and Testament by the testator and by each other subscribing witness and knows that each signature is the true signature of the person whose name was signed.

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

We are acquainted with the testator. At this time, the testator is over the age of eighteen (18) years and, to the best of our knowledge, the testator appeared to be of sound and disposing mind and memory and not acting under duress, menace, fraud, misrepresentation or undue influence.

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

Executed on the 15th day of September, 1994, at Palm Desert,
California.

 residing at 78940 Skyroad Way
La Quinta CA 92253

Beth Morrison residing at 81040 Jamie Way
Indio, CA 92201

Frank Espinoza residing at 74030 El Cortez Way
Palm Desert, Ca 92260

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

TYPE IN
PERMANENT
BLACK INK

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) CARL ERNEST HELD		2. SEX Male	
3. DATE OF BIRTH (Month, Day, Year) October 7, 1922		4a. AGE-Last Birthday (Years) 84	
4b. UNDER 1 YEAR Months _____ Days _____		4c. UNDER 1 DAY Hours _____ Minutes _____	
5. DATE OF DEATH (Month, Day, Year) December 13, 2006			
6. SOCIAL SECURITY NUMBER		7. BIRTHPLACE (City and State or Foreign Country) Syracuse, New York	
		8. COUNTY OF DEATH Collier	
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____			
10. FACILITY NAME (If not institution, give street address) Hope Hospice Of Naples, Inc.		11a. CITY, TOWN, OR LOCATION OF DEATH Naples	
		11b. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) Mery Perez	
14a. RESIDENCE - STATE Florida		14b. COUNTY Collier	
14c. CITY, TOWN, OR LOCATION Marco Island			
14d. STREET ADDRESS 133 Vintage Bay Drive		14e. APT. NO. A27	
		14f. ZIP CODE 34145	
14g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired" President & CEO		15b. KIND OF BUSINESS/INDUSTRY Trucking/Moving Company	
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify) _____ Other (Specify) _____			
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) _____ Haitian _____			
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input checked="" type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate			
19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
20. FATHER'S NAME (First, Middle, Last, Suffix) Carl Held		21. MOTHER'S NAME (First, Middle, Maiden Surname) Alice Tamkin	
22a. INFORMANT'S NAME Mery Held		22b. RELATIONSHIP TO DECEDENT Wife	
23a. CITY OR TOWN Marco Island		23b. STREET ADDRESS 133 Vintage Bay Drive, #A27	
		23c. ZIP CODE 34145	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Fort Myers Crematory Service		25a. LOCATION - STATE Florida	
		25b. LOCATION - CITY OR TOWN Fort Myers	
26a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____			
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27a. LICENSE NUMBER (of Licensee)	
		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 	
28. NAME OF FUNERAL FACILITY Anderson Funeral Home		29. FACILITY'S MAILING - STATE Florida	
29b. CITY OR TOWN Fort Myers		29c. STREET ADDRESS 3654 Palm Beach Blvd.	
		29d. ZIP CODE 33916	
30. CERTIFIER: <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.			
31a. (Signature and Title of Certifier) 		31b. DATE SIGNED (mm/dd/yyyy) 12/13/06	
31c. TIME OF DEATH (24 hr.) 0900		31d. MEDICAL EXAMINER'S CASE NUMBER	
34a. LICENSE NUMBER (of Certifier) 120000400		34b. CERTIFIER'S NAME Telbey Book Co	
35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)			
36a. CERTIFIER'S - STATE Florida		36b. CITY OR TOWN Naples	
		36c. STREET ADDRESS 1095 Whippoorwill Lane	
		36d. ZIP CODE 34105	
37. SUBREGISTRAR - Signature and Date 		38a. LOCAL REGISTRAR - Signature 	
37b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) DEC 19 2006			

State of Florida, Department of Health, Vital Statistics

MEDICAL CERTIFIER

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

DECLARATION
OF ONE AND THE SAME PERSON

I, Mery Held, Beneficiary do hereby declare:

1. I am over the age of 18 and a resident of Miami, FL. 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 Mery Held as noted on my Florida Drivers License.
3. I am one and the same person as Mery Held, Mery P. Held, Mery Perez, Mery Perez Agudelo, Mery Peez, Mery P. Agudelo, and Mery Agudelo.
4. I am one and the same person who assigned the excess proceeds to Cochran Investment Company, Inc., for Riverside County Assessors Parcel Number 563250017-3, on May 25, 2017.

I declare under penalty of perjury that the foregoing is true and correct. Executed the 3 day of September, at 9:53 am.

x Mery Held
Signed

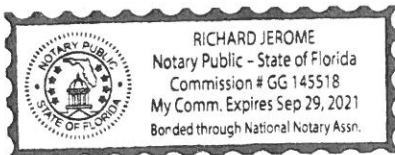
JURAT

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

3 day of SEPTEMBER, 2020 by
Date Month Year

MERY HELD
Name of Signer

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



(Place Notary Seal Above)

State of FLORIDA
County of MIAMI-DADE

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

Signature Richard Jerome
Signature of Notary Public

MATTHEW JENNINGS
County of Riverside Treasurer - Tax Collector

Giovane Pizano
Assistant Treasurer

January 12, 2023

COCHRAN INVESTMENT COMPANY, INC.
2512 CHAMBERS RD, STE 108
TUSTIN, CA 92780

Re: PIN: 563250017-3
TC 207 Item 722
Date of Sale: May 24, 2016

To Whom It May Concern:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale. The documentation you have provided is insufficient to establish your claim.

Please submit the necessary proof to establish your right to claim the excess proceeds. The document(s) listed below may assist the Treasurer-Tax Collector in making the determination.

___ Copy of a trust/will
___ Notarized Statement of different/misspelled
___ Original Notarized Authorization for Agent to
Collect Excess Proceeds
___ Notarized Assignment of Right to Collect
Excess Proceeds
___ Certified Death Certificates
___ Copy of Marriage Certificate for

___ Original Note/Payment Book
X Notarized Updated Statement of Monies
Owed (as of date of tax sale) – REFERENCE
CORRECT PIN
___ Articles of Incorporation
(if applicable Statement by Domestic Stock)
___ Court Order Appointing Administrator
___ Deed (Quitclaim/Grant etc...)
___ Other:

Please send in all **original** documents by **January 22, 2023** to: **Riverside County Treasurer-Tax Collector, Attn: Excess Proceeds, P.O. Box 12005, Riverside, CA 92502-2205**. If you should have any questions, please contact me at the number listed below.

Sincerely,

Megan Montellano

Senior Accounting Assistant
Tax Sale Operations/Excess Proceeds
PH: (951) 955-3336/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:

Cochran Investment Company, Inc.
2512 Chambers Rd, Ste 108
Tustin, CA 92780



9590 9402 1202 5246 9534 18

2. Article Number (Transfer from service label)

7003 3110 0005 4936 2297

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

COMPLETE THIS SECTION

A. Signature

X

B. Received by (Print Name)

D. Is delivery address correct?
If YES, enter delivery address

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted
- ☐ Certified Mail®
- ☐ Certified Mail Restricted
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted

Mail Restricted (0)

STATEMENT OF AMOUNT DUE AND OWING

I, Mery Held, do hereby state that the initial amount of the lien or security interest against parcel number 563250017-3 is \$ 20,061.00. The total amount in payments received is \$ approx. 69,000.00, and the total amount still due and owing, including interest up to, but not beyond the date of the sale, May 24, 2016, is \$ approx. 20,061.00.

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

Date:

01-25-2023

Signature:

Mery Held

From 11/6/89 to 12/13/89, the Patels paid the Note down from \$111,900.00 to \$69,000.00 (approximately). The Patels refused to pay after my husband Carl passed away.

Name (Print)

Mery Held

Address:

9312 SW 167th Ct.

Miami, FL 33196

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
County of

Florida

Miami Dade

On January 25, 2023 before me, John A. Caballero, personally appeared Mery Held, 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 Signature

