

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



ITEM: 19.32
(ID # 21075)

MEETING DATE:
Tuesday, April 18, 2023

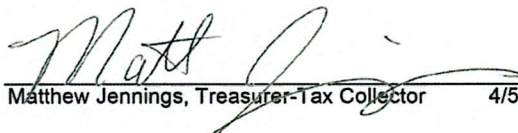
FROM : TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 214, Item 452. Last assessed to: Timothy J. O'Brien. District 3. [\$35,290 - Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Sheryl Ann O'Brien, heir to the Estate of Timothy J. O'Brien for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 462030009-8;
2. Authorize and direct the Auditor-Controller to issue a warrant to Sheryl Ann O'Brien, heir to the Estate of Timothy J. O'Brien in the amount of \$35,290.03, 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.

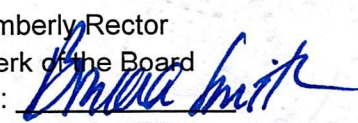
ACTION: Policy


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	\$35,290	\$ 0	\$35,290	\$ 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 June 4, 2019 public auction 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 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 Sheryl Ann O'Brien, heir to the Estate of Timothy J. O'Brien based on a Quitclaim Deed recorded February 13, 2002 as Instrument No. 2002-078329, a Certificate of Death for Timothy Joseph O'Brien and a Notarized Affidavit to comply with California Probate Code Section 13100-13115 notarized December 5, 2022.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Sheryl Ann O'Brien, heir to the Estate of Timothy J. O'Brien be awarded excess proceeds in the amount of \$35,290.03. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimant by certified mail.

Impact on Residents and Businesses

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

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim O'Brien

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


Stephanie Peltz, 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: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 214 Item 452 Assessment No.: 462030009-8

Assessee: OBRIEN, TIMOTHY J

Situs: 31110 OLIVE AVE WINCHESTER 92596

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 \$ 184,000 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. TC 214-152; recorded on Aug. 13, 2019. 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.

I'm the wife of owner!

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 Tues. day of August 11th, 2019 at _____ County, State _____

Signature of Claimant

Signature of Claimant

Print Name

Print Name

Street Address

Street Address

City, State, Zip

City, State, Zip

Phone Number

Phone Number

RECEIVED
2020 AUG 13 PM 3:43
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

DOC # 2002-078329

02/13/2002 08:00A Fee:18.00

Page 1 of 2

Recorded in Official Records
County of Riverside

Gary L. Orso
Assessor, County Clerk & Recorder



LF298-04

X Timothy J. O'Brien
15581 Nadia St
Moreno Valley CA
92557

M	S	U	PAGE	SIZE	DA	POOR	NOCOR	SMF	WBC
	1		2			✓			
					3				LC
A	R	L			COPY	LONG	REFUND	NOHQ	EXAM

(13)

TRA:021

DDT: ①

QUITCLAIM DEED

THIS QUITCLAIM DEED, executed this 13 day of February 2002 (year),

C
LC

by first party, Grantor, Victoria A. Hantwig ✓
whose post office address is P.O. Box 1366-140 Castaline Dr. X
Shady Cove, OR 97539
to second party, Grantee, Timothy J. O'Brien X
whose post office address is 15581 Nadia St. X
Moreno Valley, CA 92551

WITNESSETH, That the said first party, for good consideration and for the sum of Dollars (\$20,000.00) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Riverside, State of California to wit:

Lot 22 of America Eucalyptus Acreage
Subdivision No. 1, as shown by map on
file in Book 6 page 80 of maps
Records of Riverside County, California;
Excepting therefrom the West 220.8
feet thereof.

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

Signature of Witness

Victoria A. Hartwig
Signature of First Party

Print name of Witness

Victoria A. Hartwig
Print name of First Party

Signature of Witness

Signature of First Party

Print name of Witness

Print name of First Party

State of CA

County of RIVERSIDE

On 2/13/02

before me, MAXINE FILIAN

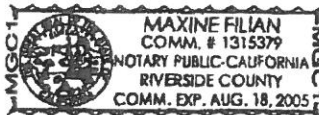
appeared

VICTORIA A. HARTWIG

personally known to me (or 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



Affiant Known ☒ Produced ID
Type of ID CA LICENSE
OR (Seal)

State of
County of
On

before me,

appeared

personally known to me (or 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

Affiant Known ☐ Produced ID
Type of ID _____
(Seal)

Signature of Preparer

Print Name of Preparer

Address of Preparer

Page 2



2002-078329
02/13/2002 00:00
2 of 2

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN BERNARDINO
SAN BERNARDINO, CALIFORNIA

LICENSE AND CERTIFICATE OF CONFIDENTIAL MARRIAGE

59036 001701

052139

STATE FILE NUMBER CA38421

LOCAL REGISTRATION NUMBER

LICENSE NUMBER

HUSBAND
PERSONAL
DATA

1A. NAME OF HUSBAND—First (Given) **TIMOTHY** 1B. MIDDLE **JOSEPH** 1C. LAST (FAMILY) **O'BRIEN** 2. DATE OF BIRTH—Month, Day, Year **JUN 3, 1957**
3. STATE OF BIRTH **CALIF.** 4. NUMBER OF PREVIOUS MARRIAGES **1** 5A. LAST MARRIAGE ENDED BY: ☐ DEATH ☒ DISSOLUTION ☐ ANNULMENT 5B. DATE—Month, Day, Year **OCT. 15, 1997**
6A. FULL NAME OF FATHER **PRESSMAN** 6B. USUAL KIND OF BUSINESS OR INDUSTRY **NEWS - L.A. TIMES** 7. EDUCATION—YEARS COMPLETED **12**
8A. FULL NAME OF FATHER **OWEN O'BRIEN** 8B. STATE OF BIRTH **TEXAS** 8C. FULL MAIDEN NAME OF MOTHER **BOBBY GIDDENS** 8D. STATE OF BIRTH **OKLA.**

WIFE
PERSONAL
DATA

9A. NAME OF WIFE—First (Given) **SHERYL** 9B. MIDDLE **ANN** 9C. LAST (FAMILY) **SANQUIST** 10. MAIDEN LAST (FAMILY) IF DIFFERENT THAN 9C. **SANQUIST**
11. DATE OF BIRTH—Month, Day, Year **JAN 20, 1959** 12. STATE OF BIRTH **CAL.** 13. NUMBER OF PREVIOUS MARRIAGES **0** 14A. LAST MARRIAGE ENDED BY: ☐ DEATH ☒ DISSOLUTION ☐ ANNULMENT 14B. DATE—Month, Day, Year
15A. USUAL OCCUPATION **WAITRESS** 15B. USUAL KIND OF BUSINESS OR INDUSTRY **FOOD-IRON SKILLET** 16. EDUCATION—YEARS COMPLETED **12**
17A. FULL NAME OF FATHER **BOBBY SANQUIST** 17B. STATE OF BIRTH **IOWA** 18A. FULL MAIDEN NAME OF MOTHER **JOAN YATES** 18B. STATE OF BIRTH **MISSOURI**

RESIDENCE
OF HUSBAND
AND WIFE

19A. RESIDENCE—Street and Number **51 ASPEN** 19B. CITY **MONTCLAIR** 19C. ZIP CODE **91763** 19D. COUNTY—Outside California, Enter State **SAN BERNARDINO**
20A. MAILING ADDRESS—If Different 20B. CITY 20C. ZIP CODE 20D. COUNTY—Outside California, Enter State

AFFIDAVIT

We the undersigned declare that we are an unmarried man and an unmarried woman, not minors, and have been living together as husband and wife and that the foregoing information is true and correct to the best of our knowledge and belief, that no legal objection to the marriage nor to the issuance of a license is known to us, and hereby apply for a License and Certificate of Confidential Marriage.

21. SIGNATURE OF HUSBAND *Timothy Joseph O'Brien* 22. SIGNATURE OF WIFE *Sheryl Ann Sanquist*

I, the undersigned, empowered by the laws of the State of California, do hereby certify that the above named parties to be married have personally appeared before me, proved to me on the basis of satisfactory evidence, have declared or affirmed that they meet all the requirements of the law, and the fees prescribed by law having been paid, do hereby authorize said parties to be married pursuant to Section 4213, Civil Code OR that this license was issued to the person performing the ceremony upon that person's presentation of an affidavit signed by the person and the parties to be married due to the inability of one or both of the parties to be married to physically appear. The affidavit explains the reason for inability to appear in accordance with Section 4213.1, Civil Code.

23A. SIGNATURE AND TITLE OF AUTHORIZING PERSON *Paul E. Farrell NOTARY*
23B. COUNTY OF ISSUE **SAN BERNARDINO**
23C. MAILING ADDRESS AND ZIP CODE **HALL OF RECORDS, 172 W. 3rd ST. SAN BERNARDINO, CA 92415**
23D. ISSUE DATE—Month, Day, Year **APR 5 1999** 23E. LICENSE EXPIRES AFTER—Month, Day, Year **JUN 1 1999**

24A. AFFIX NOTARY SEAL (If Applicable)
OFFICIAL SEAL
PAUL E. FARRELL
NOTARY PUBLIC - CALIFORNIA
SAN BERNARDINO COUNTY
My Comm. Expires NOV 19, 1999

24B. SUBSCRIBED AND SWORN TO BEFORE ME ON **APR 5 1999**
MONTH DAY YEAR
SIGNATURE OF NOTARY *Paul E. Farrell*

CERTIFICATION
OF PERSON
SOLEMNIZING
MARRIAGE

25. I hereby certify that the above named man and woman were joined by me in marriage in accordance with the laws of the State of California.
ON **APR 5** 1999
AT **MONTCLAIR SAN BERNARDINO** CALIFORNIA
CITY OR TOWN COUNTY
NOTE: THIS MARRIAGE MUST TAKE PLACE IN THE COUNTY IN WHICH THE LICENSE WAS ISSUED.

COUNTY
CLERK

27A. SIGNATURE OF COUNTY CLERK *Marjorie Mackin* 27B. SIGNATURE OF DEPUTY CLERK (If Applicable) *Kathy Newton* 28. DATE ACCEPTED FOR REGISTRATION **APR 25 1999**
DEPUTY

MUST BE LEGIBLE (MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS—SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS) VS 123 (8-87)

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE SAN BERNARDINO ASSESSOR-RECORDER-CLERK.



Dennis Draeger
DENNIS DRAEGER
San Bernardino County Assessor-Recorder-Clerk

DATE ISSUED

JUN 19 2012



001785696



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200933011346

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED — FIRST (Given)		3. LAST (Family)	
TIMOTHY		O'BRIEN	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
JOSEPH		06/03/1957	
5. AGE Yrs.		6. SEX	
52		M	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
11/11/2009		1730	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA			
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<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 DECEASED HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)	
HS GRADUATE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		16. DECEASED'S RACE — Up to 3 races may be listed (see worksheet on back)	
PRINTER OPERATOR		WHITE	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		18. YEARS IN OCCUPATION	
NEWSPAPER		20	
20. DECEASED'S RESIDENCE (Street and number or location)			
31110 OLIVE AVE.			
21. CITY		22. COUNTY/PROVINCE	
WINCHESTER		RIVERSIDE	
23. ZIP CODE		24. YEARS IN COUNTRY	
92596		8	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		SHERYL ANN O'BRIEN, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE — FIRST	
31110 OLIVE AVE, WINCHESTER, CA 92596		SHERYL	
29. NAME OF FATHER — FIRST		30. LAST (Maiden Name)	
OWEN		SANQUIST	
31. NAME OF MOTHER — FIRST		32. MIDDLE	
BOBBY		ANN	
33. LAST		34. BIRTH STATE	
O'BRIEN		TX	
35. LAST (Maiden)		36. BIRTH STATE	
GIDDENS		OK	
37. DATE mm/dd/yyyy		38. PLACE OF FINAL DISPOSITION	
11/20/2009		RES. SHERYL O'BRIEN	
39. TYPE OF DISPOSITION(S)		40. PLACE OF FINAL DISPOSITION	
CR/RES		31110 OLIVE AVE, WINCHESTER, CA 92596	
41. SIGNATURE OF EMBALMER		42. LICENSE NUMBER	
NOT EMBALMED			
43. NAME OF FUNERAL ESTABLISHMENT		44. SIGNATURE OF LOCAL REGISTRAR	
SIERRA MEMORIAL CHAPEL MORTUARY		ERIC K. FRYKMAN, M.D.	
45. DATE mm/dd/yyyy		46. DATE mm/dd/yyyy	
11/19/2009		11/19/2009	
47. PLACE OF DEATH		48. IF OTHER THAN HOSPITAL, SPECIFY ONE	
ROADWAY		<input type="checkbox"/> IP <input type="checkbox"/> ERROR <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
49. COUNTY		50. CITY	
RIVERSIDE		MENIFEE	
51. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		52. TIME INTERVAL BETWEEN ONSET AND DEATH	
LEON ROAD APPROX 978 FEET N/O DOMENIGONI PARKWAY		108. DEATH REPORTED TO CORONER?	
107. CAUSE OF DEATH		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		109. BIOPSY PERFORMED?	
A) MULTIPLE BLUNT FORCE TRAUMATIC INJURIES		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date)	
NONE		NO	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since mm/dd/yyyy		Decedent Last Seen Alive mm/dd/yyyy	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
(A) mm/dd/yyyy		(B) mm/dd/yyyy	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		119. INJURED AT WORK?	
MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input 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	
120. INJURY DATE mm/dd/yyyy		121. HOUR (24 Hours)	
11/11/2009		1710	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
ROADWAY		PASSENGER OF A SEDAN THAT LOST CONTROL ON A DIRT ROAD, LEFT THE ROADWAY ONTO AN EMBANKMENT. NOT EJECTED	
124. LOCATION OF INJURY (Street and number, or location, and city, and state, and ZIP)		125. SIGNATURE OF CORONER/DEPUTY CORONER	
LEON ROAD APPROX 975 FEET N/O DOMENIGONI PARKWAY		DAWNA WIMSATT	
MENIFEE, CA 92584		126. DATE mm/dd/yyyy	
11/19/2009		127. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
DAWNA WIMSATT, DEPUTY CORONER			
STATE REGISTRAR		CENSUS TRACT	
A B C D E			

CERTIFIED COPY OF VITAL RECORDS

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 the County of Riverside, Department of Health.

Nov 23, 2009

Eric Frykman, M.D., Local Registrar
RIVERSIDE COUNTY, CALIFORNIA

DATE ISSUED

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

MATTHEW JENNINGS
County of Riverside Treasurer - Tax Collector

Giovane Pizano
Assistant Treasurer



Melissa Johnson
Assistant Tax Collector

March 24, 2021

Sheryl Ann O'Brien
31110 Olive Ave
Winchester, CA 92596

Re: APNs: 462030009-8
TC 214 Items 452
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.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Copies of Will/Trust (or see Other) | <input type="checkbox"/> Updated Statement of Monies Owed (as of date of tax sale) |
| <input type="checkbox"/> Notarized Statement of one in the same persons for | <input type="checkbox"/> Articles of Incorporation |
| <input type="checkbox"/> Original Notarized Authorization for Agent to Collect Excess Proceeds | <input type="checkbox"/> (if applicable Statement by Domestic Stock) |
| <input type="checkbox"/> Notarized Assignment of Right to Collect Excess Proceeds | <input type="checkbox"/> Court Order Appointing Administrator |
| <input type="checkbox"/> Certified Death Certificate for | <input type="checkbox"/> Deed (Quitclaim/Grant etc...) |
| <input type="checkbox"/> Copy of Birth Certificates for | <input checked="" type="checkbox"/> Other: Original notarized Affidavits for Collection of Personal Property in compliance with California Probate Code Section 13100 or 13101 per se |
| <input type="checkbox"/> Original Note/Payment Book | |

Please send in all documents within 30 days (**April 24, 2021**) contact me at the number listed below.

Sincerely,

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

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 452
Sheryl Ann O'Brien
31110 Olive Ave
Winchester, CA 92596



9590 9402 1202 5246 9553 82

2. Article Number (Transfer from service label)

7016 0340 0000 2071 9550

AFFIDAVIT

to comply with California Probate Code §§ 13100-13115

1. The undersigned hereby declare(s):
2. [I/We] make this declaration to induce [holder of property] to transfer to [me/us] the described property pursuant to California Probate Code §§13100-13115.
3. [Name of decedent] died at Timothy O'Brien while a resident of the City of Winchester, County of Riverside, California, on or about, 11-09-2009, leaving [a/no] will.
4. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.
5. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
6. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in California Probate Code §13050 does not exceed one hundred
7. fifty thousand dollars (\$150,000) and includes the following: [Describe the property to be transferred with sufficient detail to be identifiable.]

It sold for at auction for \$200,000. Two
Hundred Thousand Dollars.

8. The affiant or declarant is the successor of the decedent [as defined in California Probate Code §13006] to the decedent's interest in the described property.
9. No other person has a superior right to the interest of the decedent in the described property.
10. [My/Our] name(s), address(es), relationship(s) to the decedent and age(s) are as follows: [List]

Cheryl A. O'Brien (wife)

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

Dated: 12-05-2022

Signature: Mrs. Cheryl A. O'Brien

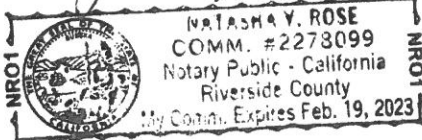
Dated: 12-06-2022

Signature: Mrs. Cheryl A. O'Brien

Subscribed and sworn to me before this 5th day of December, 20 22

Natasha Y. Rose, Riverside, CA
Notary Public in and for said County and State

My Commission expires on: 2-19-2023



AFFIDAVIT

To comply with California Probate Code §§13100-13115

JURAT

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 Riverside

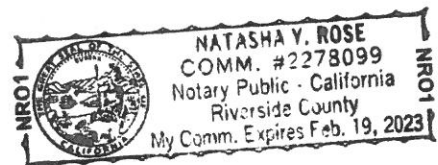
Subscribed and sworn to (or affirmed) before me on

this Sixth day of December, 20 22,

by Sheryl Ann Crier

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

Signature Natasha Y. Rose, Notary Public



(Seal)