

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



ITEM: 19.11
(ID # 14955)

MEETING DATE:
Tuesday, June 27, 2023


FROM : TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 212, Item 177. Last assessed to: Estate Of Florence Steigler Polizzi, District 3. [\$6,078-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Charles A. Steigler, as heir to the Estate of Florence Steigler Polizzi for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 341093005-5;
2. Authorize and direct the Auditor-Controller to issue a warrant to Charles A. Steigler, as heir to the Estate of Florence Steigler Polizzi in the amount of \$6,078.74, 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 6/15/2023

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Spiegel, seconded by Supervisor Washington 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: June 27, 2023
xc: Tax-Collector

Kimberly A. 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 | \$6,078 | \$ 0 | \$6,078 | \$ 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 01, 2018 public auction tax sale. The deed conveying title to the purchasers at the auction was recorded June 26, 2018. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on July 18, 2018, to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of Parties of Interest Reports, Assessor's and Recorder's records, as well as other, various research methods used to obtain current mailing addresses for these parties of interest.

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

1. Claim from Charles A. Steigler, as heir to the Estate of Florence Steigler Polizzi based on a Grant Deed recorded April 25, 1990 as Instrument No. 1990-150713, an Affidavit Under California Probate Code Section 13101 notarized December 22, 2018, and a Certificate of Death for Florence Steigler-Polizzi.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Charles A. Steigler, as heir to the Estate of Florence Steigler Polizzi be awarded excess proceeds in the amount of \$6,078.74. 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 an heir to the last assessee.

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Steigler

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

Cesar Bernal
Cesar Bernal, PRINCIPAL MGMT ANALYST 6/15/2023

Kristine Bell-Valdez
Kristine Bell-Valdez, Supervising Deputy County Counsel 5/10/2023

163777.10205

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

RECEIVED

To: Jon Christensen, Treasurer-Tax Collector

2019 JAN 31 PM 5:51

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY
TREASURER-TAX COLLECTOR

TC 212 Item 177 Assessment Number: 341093005-5

Assessee: POLIZZI FLORENCE STEIGLER ESTATE OF

Situs:

Date Sold: May 1, 2018

Date Deed to Purchaser Recorded: June 26, 2018

Final Date to Submit Claim: June 26, 2019

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$unknown 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. unknown; recorded on 4-25-1990. 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.

Lot # 25 Block 8
Assessment# 341-093-005-5
Tax Sale

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

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

Executed this 22 day of Dec, 2016 at Washoe County NV
County, State

Charles A. Steigler
Signature of Claimant

Signature of Claimant

Charles A. Steigler
Print Name

Print Name

2347 Red Maple Ct.
Street Address

Street Address

Heno NV 89523
City, State, Zip

City, State, Zip

775 250 0105
Phone Number

Phone Number

Steiglerc@gmail.com
Email Address

Email Address

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME: Mr. & Mrs. Charles Steigler
 STREET ADDRESS: 33210 Pederson Street
 CITY: Lake Elsinore, CA 92330

713

RECORDED FROM RECORD
 APR 25 1990
 PUBLIC CLERK
 RIVERSIDE COUNTY, CALIFORNIA

SPACE ABOVE THIS LINE FOR RECORDER'S USE

GRANT DEED

DOCUMENTARY TRANSFER TAX \$ 0

computed on full value of property conveyed, or

computed on full value less liens and encumbrances remaining at time of sale.

Charles Steigler
 Signature of Donor(s) or Agent Determining Tax Form Name
 CHARLES STEIGLER

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, I (We), Charles A. & Connie Steigler husband & wife, as joint tenants

grant to Charles & Florence Steigler, husband & wife, as joint tenants

all that real property situated in the City of unincorporated area of Riverside County, California,

described as follows (insert legal description):

Lot 25, Block 8 of Quail Valley Income Properties Tract, as shown by Map on file in Book 26, pages 89 through 93 inclusive of Maps, Riverside County Records.

Assessor's parcel No. 341-093-005-5

Executed on 12 April, 1990, at Lake Elsinore, California

STATE OF CALIFORNIA }
 COUNTY OF Riverside } ss
 On this 12 day of April, in the year 1990, before me, the undersigned, a Notary Public in and for said State, personally appeared Charles A. & Connie Steigler

Charles A. Steigler
Connie Steigler
 Charles A. Steigler
 Connie Steigler

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 to me that they executed it

WITNESS my hand and official seal

Terri Lea Defina
 Notary Public in and for said State



MAIL TAX STATEMENTS TO Mr. & Mrs. Charles Steigler, 33210 Pederson St., Elsinore, CA 92330

NAME ADDRESS ZIP

WOLCOTT'S FORM 778-Rev. 12-85 (Price \$1.15)
 GRANT DEED

Before you use this form, read it full in all parts, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use success based on representation or agreement, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.

© 1988 WOLCOTT'S, INC.

APR 25 1990

**AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION 13101
(Small Estates Affidavit)**

The undersigned state(s) as follows:

Florence Steigler Polizzi (name of decedent) died on 4-3-2011
in the County of Hernando, State of California and:
Florida

1. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of decedent's death certificate.
2. Either of the following, as appropriate:
 - a) No proceeding is now being or has been conducted in California for administration of the decedent's estate.
 - b) The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
3. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in the California Probate Code §13050, does not exceed \$150,000.
4. An Inventory and Appraisal of the real property in the decedent's estate is attached, or
 There is no real property in the estate.

5. A description of the property that is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code §13100 (attach additional sheets if necessary):

Lot #25 Block 8 Assessment # 341-093-005-5
Tax Sale

6. The successor(s) of the decedent, as defined in Probate Code §13006, is/are:

Charles A. Steigler

7. The undersigned is/are successor(s) of the decedent to the decedent's interest in the described property, or
 The undersigned is/are authorized under California Probate Code §13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described property.
8. No other person has a superior right to the interest of the decedent in the described property.
9. The undersigned requests that the described property be paid, delivered or transferred to the undersigned.

I/we declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct (attach additional sheets if necessary).

DATE

12/22/18

PRINTED NAME

Charles A. Steigler

SIGNATURE

Charles A. Steigler

1. Attach a certified copy of death certificate and if there is real property in the decedent's estate attach a completed Inventory and Appraisal (Probate Form DE-160, DE-161).

State of Nevada County of Washoe

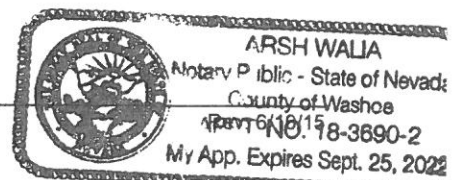
2. Have this affidavit notarized. 12/22/18

By: Charles A. Steigler

Arsh Wallia

PR009

AFFIDAVIT UNDER CALIFORNIA PROBATE CODE § 13101




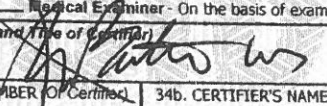
OFFICE of VITAL STATISTICS

CERTIFIED COPY

2011 045913

CAL FILE NO. 649

FLORIDA CERTIFICATE OF DEATH

| | | | | | |
|---|----------------------------------|--|---|---|--|
| 1. DECEDENT'S NAME (First, Middle, Last, Suffix) Florence Steigler-Polizzi | | | | 2. SEX Female | |
| 3. DATE OF BIRTH (Month, Day, Year) January 9, 1939 | | 4a. AGE - Last Birthday (Years) 72 | 4b. UNDER 1 YEAR Months Days | 4c. UNDER 1 DAY Hours Minutes | 5. DATE OF DEATH (Month, Day, Year) April 3, 2011 |
| 6. SOCIAL SECURITY NUMBER | | 7. BIRTHPLACE (City and State or Foreign Country) Manhattan, New York | | 8. COUNTY OF DEATH Hernando | |
| 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 type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) | | | | | |
| 10. FACILITY NAME (If not institution, give street address) 2455 Dustin Circle | | | 11a. CITY, TOWN, OR LOCATION OF DEATH Spring Hill | | 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) Raymond A. Polizzi | | |
| 14a. RESIDENCE - STATE Florida | | 14b. COUNTY Hernando | 14c. CITY, TOWN, OR LOCATION Spring Hill | | |
| 14d. STREET ADDRESS 2455 Dustin Circle | | | 14e. APT. NO. | 14f. ZIP CODE 34608 | 14g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life) Do not use "Retired" Homemaker | | | 15b. KIND OF BUSINESS/INDUSTRY Own Home | | |
| 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) <input type="checkbox"/> 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) <input type="checkbox"/> 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 type="checkbox"/> High school diploma or GED <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 20. FATHER'S NAME (First, Middle, Last, Suffix) Albert Paul Papendick | | | 21. MOTHER'S NAME (First, Middle, Maiden Surname) Margaret Raso | | |
| 22a. INFORMANT'S NAME Raymond A. Polizzi | | 22b. RELATIONSHIP TO DECEDENT Husband | | 23a. INFORMANT'S MAILING - STATE Florida | |
| 23b. CITY OR TOWN Spring Hill | | 23c. STREET ADDRESS 2455 Dustin Circle | | 23d. ZIP CODE 34608 | |
| 24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Merritt Funeral Home | | 25a. LOCATION - STATE Florida | 25b. LOCATION - CITY OR TOWN Brooksville | | |
| 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) FO44076 | 27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH  | | |
| 28. NAME OF FUNERAL FACILITY Merritt Funeral Home | | | | 29a. FACILITY'S MAILING - STATE Florida | |
| 29b. CITY OR TOWN Spring Hill | | 29c. STREET ADDRESS 4095 Mariner Boulevard | | 29d. ZIP CODE 34609 | |
| 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) 4/5/11 | 32. TIME OF DEATH (24 hr.) 0913 | 33. MEDICAL EXAMINER'S CASE NUMBER _____ | |
| 34a. LICENSE NUMBER (Of Certifier) ME57927 | | 34b. CERTIFIER'S NAME John Batista, M.D. | | 35. NAME OF ATTENDING PHYSICIAN (If other than Certifier) | |
| 36a. CERTIFIER'S - STATE Florida | 36b. CITY OR TOWN Spring Hill | 36c. STREET ADDRESS 445 Mariner Boulevard | | 36d. ZIP CODE 34609 | |
| 37. SUBREGISTRAR - Signature and Date | | 38. LOCAL REGISTRAR - Signature | | 39. DATE FILED BY REGISTRAR (Mo. Day, Yr.) | |

VOID IF ALTERED OR ERASED


VOID IF ALTERED OR ERASED

ONE AND THE SAME AFFIDAVIT

I, CHARLES A STEIGLER OF RENO NV, HEREBY DEPOSE AND STATE THAT:

- MY MOTHER, FLORENCE STEIGLER POLIZZI, DECEASED ON APRIL 3, 2011 IN HERNANDO COUNTY FLORIDA, IS ONE AND THE SAME AS FLORENCE STEIGLER.

BOTH OF THE NAMES FLORENCE STEIGLER POLIZZI AND FLORENCE STEIGLER REFER TO ONE AND THE SAME PERSON.

 4/5/21

CHARLES A STEIGLER, AFFIANT DATE

2347 RED MAPLE CT

RENO NV 89523

775-250-0105

STEIGLERC@GMAIL.COM

State of Nevada
County of Washoe
Signed and Sworn to before me
on 4/5/21
by Charles Albert Steigler

