

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



ITEM: 19.6
(ID # 12680)

MEETING DATE:
Tuesday, August 01, 2023


FROM : TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 209, Item 604. Last assessed to: Jose Duran, a married man as his sole and separate property. District 4. [\$6,656-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Heirfinders Research Associates LLC, Assignee for Sergio Duran Acosta, heir to the Estate of Jose Duran for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 869032006-4;
2. Deny the claim from Sergio Duran Acosta for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 869032006-4
3. Authorize and direct the Auditor-Controller to issue a warrant to Heirfinders Research Associates LLC, Assignee for Sergio Duran Acosta, heir to the Estate of Jose Duran in the amount of \$6,656.02 and direct the Treasurer-Tax Collector to transfer the unclaimed excess proceeds in the amount of \$19,968.03 to the County General Fund pursuant to Revenue and Taxation Code Section 4674, 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.

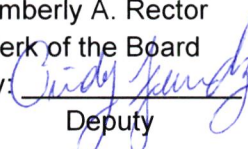
ACTION:Policy


Matthew Jennings, Treasurer-Tax Collector 7/19/2023

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, Perez, Washington, and Gutierrez
Nays: None
Absent: None
Date: August 1, 2023
xc: Treasurer

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	\$6,656	\$ 0	\$6,656	\$ 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:	23/24

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 2, 2017 public auction sale. The deed conveying title to the purchasers at the auction was recorded June 21, 2017. 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 24, 2017, 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.

Revenue and Taxation Code 4676 (b) states that the county shall make reasonable effort to obtain the name and last known mailing address of the parties of interest. Then, if the address of the party of interest cannot be obtained, the county shall publish notice of the right to claim excess proceeds in a newspaper of general circulation in the county as per Revenue and Taxation Code 4676 (c). The Treasurer-Tax Collector's office has made it a policy to take the following actions to locate the rightful party of the excess proceeds.

1. Examined Parties of Interest reports to notify all parties of interest attached to the parcel.
2. Researched all last assessee's through the County's Property Tax System for any additional addresses.
3. Used Accurant (people finder) to notify any new addresses that may be listed for our last assessees.
4. Advertised in newspapers for three consecutive weeks in The Desert Sun, Palo Verde Valley Times, and The Press Enterprise referring any parties of interest to file a claim for the excess proceeds.
5. Sent out a certified mailing within 90 days as required by Revenue and Taxation Code 4675 (b).

According to Revenue and Taxation Code 4675 (a) Any party of interest in the property may file with the county a claim for the excess proceeds, in proportion to his or her interest held with others of equal priority in the property at the time of the sale, at any time prior to the expiration

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

of the one year following the recordation of the Tax Collector's deed to the Purchaser, which was recorded on June 21, 2017.

The Treasurer-Tax Collector has received two claims for excess proceeds:

1. Claim from Heirfinders Research Associates LLC, Assignee for Sergio Duran Acosta, heir to the Estate of Jose Duran based on an Assignment of Right to Collect Excess Proceeds notarized September 9, 2019, a Grant Deed recorded April 13, 2005 as Instrument No. 2005-0289068, a Declaration Under California Probate Code Section 13101 notarized June 18, 2018, a Certificate of Death for Jose Mercado Duran and a Birth Certificate for Sergio Duran Acosta.
2. Claim from Sergio Duran Acosta based on a Grant Deed recorded April 13, 2005 as Instrument No. 2005-0289068 and a Certificate of Death for Jose Mercado Duran.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Heirfinders Research Associates LLC, Assignee for Sergio Duran Acosta, heir to the Estate of Jose Duran be awarded excess proceeds in the amount of \$6,656.02. The claim from Sergio Duran Acosta be denied since he later assigned his right to collect excess proceeds to Heirfinders Research Associates, LLC on June 18, 2018. Since there are no other claimants, the unclaimed excess proceeds in the amount of \$19,968.03 will be transferred to the County General Fund. 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

Excess proceeds will be released to an heir to the Estate of the last assessee of the property and transferred to the County General Fund.

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Heirfinders

ATTACHMENT B. Claim Acosta

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

Cesar Bernal
Cesar Bernal, PRINCIPAL MGMT ANALYST 7/21/2023

Kristine Bell-Valdez
Kristine Bell-Valdez, Supervising Deputy County Counsel 6/13/2023

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

RECEIVED
2018 JUN 21 PM 4:17
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 209 Item 604 Assessment No : 869032006-4

Assessee DURAN, JOSE

Situs 596 S SOLANO AVE BLYTHE 92225

Date Sold: May 2, 2017

Date Deed to Purchaser Recorded: June 21, 2017

Final Date to Submit Claim: June 21, 2018

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 0,783.75 from the sale of the above mentioned real property. I/We were the lienholder(s), assignee, 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 2005-0289068 recorded on 4/13/2005. 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 included

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 16th day of June, 2018 at Los Angeles CA
County, State

[Signature]
Signature of Claimant
Michael Hahey
VP, Heirfinders Research Associates LLC
Print Name

5042 Wilshire Blvd, #622
Street Address
Los Angeles, CA 90036
City, State, Zip
323-937-3033
Phone Number

Signature of Claimant

Print Name

Street Address

City, State, Zip

Phone Number

See Attached

ACKNOWLEDGMENT

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

State of California
County of Los Angeles)

On June 14, 2018 before me, Luz M. Catalan, Notary Public
(insert name and title of the officer)

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

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

WITNESS my hand and official seal.

Signature  (Seal)



Description of Attached document:

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

Document Date: June 14, 2018

Assessment No.: 869032006-4

ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to Heirfinders Research Associates LLC my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 869032006 sold at public auction on 5/2/2017 I understand that the total of excess proceeds available for refund is \$ 27,135.00 +/- 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.

Sergio
(Signature of Party of Interest/Assignor)

Sergio Duran Acosta
(Name Printed)

361 S. Cottonwood Lane
(Address)

Blythe, CA 92225
(City/State/Zip)

760-600-3791
(Area Code/Telephone Number)

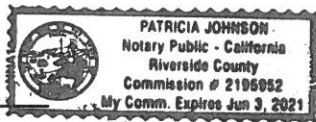
STATE OF CALIFORNIA)ss.
COUNTY OF Riverside)

On 6/18/18, before me, Patricia Johnson, personally appeared Sergio Duran Acosta, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

Patricia Johnson
(Signature of Notary)



(This area for official seal)

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

[Signature]
(Signature of Assignee)

Michael Haney
(Name Printed)

5042 Wilshire Blvd Ste 622
(Address)

Los Angeles, CA 90036
(City/State/Zip)

STATE OF CALIFORNIA)ss.
COUNTY OF _____)

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

WITNESS my hand and official seal.

(Signature of Notary)

See Attached
(This area for official seal)

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

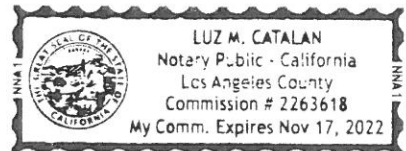
On September 9, 2019 before me, Luz M. Catalan, Notary Public
(insert name and title of the officer)

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

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

WITNESS my hand and official seal.

Signature  (Seal)



Description of Attached document:

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

Document Date: September 9, 2019

ASSESSMENT NUMBER: 869032006

APR-07-05 11:35AM FROM-Southland Title Escrow Department

800-800-XXXX

DOC # 2005-0289068

04/13/2005 08:00A Fee:36.00
Page 1 of 4 Doc T Tax Paid
Recorded in Official Records
County of Riverside
Larry W. Ward
Assessor, County Clerk & Recorder

8

RECORDING REQUESTED BY:
SOUTHLAND TITLE - INLAND EMPIRE (Title)

AND WHEN RECORDED MAIL TO:

Jose Duran
596 Solano Avenue
Blythe, CA 92225

Order No.: 64617584
Escrow No.: SB03025369-TC
A.P.N.: 869-032-006

TRA 003



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										YS

GRANT DEED

36



THE UNDERSIGNED GRANTOR(S) DECLARE(S)
DOCUMENTARY TRANSFER TAX IS \$105.05

- computed on full value of property conveyed, or
- computed on full value less value of liens or encumbrances remaining at time of sale.
- unincorporated area City of Blythe

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
Shepard Investments, Inc., a California corporation

hereby GRANT(S) to Jose Duran, a married man as his sole and separate property

the following described real property in the County of Riverside, State of California
That portion of Lot 6 of Blycrest Acres, in the City of Blythe, County of Riverside, State of California, as shown by Map on File in Book 10, Page 5 of Maps, Records of Riverside County, California, described as follows:

Beginning at the Southwest corner of said Lot; Thence Easterly on the Southerly line of said Lot, 50 feet; Thence Northerly and parallel with the Westerly line of said lot, 99 feet; Thence Westerly and parallel with the Southerly line of said Lot, 50 feet to the Westerly line thereof; Thence Southerly on the Westerly line of said lot, 99 feet to the point of beginning.

Dated: February 20, 2005

STATE OF CALIFORNIA
COUNTY OF Orange

On 4/8/05 before me
Michael Boyer, Notary Public
a Notary Public in and for said County and State, personally appeared Chris Shepard, Notary Public

) ss.

Shepard Investments, Inc.
[Signature]

By: Chris Shepard, President

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 *[Signature]*
Signature of Notary



(This area for official notary seal)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

CERTIFICATION

Under the provisions of Government Code 27361.7 I certify under the penalty of perjury that the following is a true copy of illegible wording found in the attached document.

(Print or Type the page number(s) and Wording below) :

" See Attached Document For Clarity "

Michael Boyer

Chris Shepard

DATE :

4 1 12 1 05

SIGNATURE :



DECLARATION UNDER CALIFORNIA PROBATE CODE SECTION 13101

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

- 1. I am the successor in interest of Jose Duran [Name of Decedent], who died in the City of Blythe, County of Riverside, State of California, on March 3, 2009.
2. At least 40 days have elapsed since the death of the Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.
3. No proceeding is now being or has been conducted in California for administration of the Decedent's estate.
4. The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
5. The current gross fair market value of the Decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000).
6. The property of Decedent which is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 is: Approximately \$27,135.00 in excess proceeds from tax sale of Riverside County APN 869032006
7. X The undersigned is/are the successor(s) of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property [e.g., beneficiary of Decedent's will or, where Decedent left no will, the surviving spouse, child, grandchild, parent, brother or sister, niece or nephew, grandparent, aunt or uncle, cousin, etc.].
The undersigned is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor or the Decedent (as defined in Section 13006 of the California Probate) with respect to to the Decedent's interest in the described property [e.g., guardian or conservator of Decedent's estate trustee of Decedent's trust, custodian of Decedent's will or personal representative of beneficiary (ies)]. The name (s) of the successor (s) of the Decedent is/are:
8. No other person has a superior right to the interest of the decedent in the described property.
9. The undersigned requests that the described property be paid, delivered, or transferred to the undersigned.
10. The undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 18th day of June, 2018 at Blythe CA

Signature

Sergio Duran Acosta
Name (Print or Type)

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

The State of California, County of Riverside, to-wit: The foregoing affidavit or declaration was subscribed and sworn to, before me, by Sergio Duran Acosta. Executed on this 18th day of June, 2018 at Blythe CA.

WITNESS MY HAND AND OFFICIAL SEAL
Patricia Johnson
Notary Public for the State of California



Notary Seal

Estate of Jose Duran
PROBATE AFFIDAVIT

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

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

(see attachment)

Attach an additional sheet if more space is needed.

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

Name: Amparo Acosta Date of Birth: 1/14/1943

Date of Death: 5/15/2014 Relationship to me: mom

The declarant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 18 day of June at

Sergio

Signature of Declarant

Sergio Duran Acosta

Print Name of Declarant

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

STATE OF California
COUNTY OF Riverside

On 6/18/18 before me, Patricia Johnson,
personally appeared Sergio Duran Acosta, 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.

Patricia Johnson
(Notary Signature)



(Notary Seal)

Probate Affidavit Attachment
Estate of Jose Duran

Name:	Date of Birth:	Relationship to Me:
Carlos Duran Acosta	9/20/1971	Brother
Martha Duran Acosta	9/12/1973	Sister
Elena Duran Acosta	4/20/1969	Sister

By my signature below, this information is hereby included in the attached Probate Affidavit:

Signature:  Date: 6-18-18
Sergio Duran Acosta

DECLARATION OF ONE AND THE SAME PERSON(S)

I, Sergio Duran Acosta, do hereby declare:

1. I am over the age of 18 and a resident of Riverside County, CA. 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 Sergio Duran Acosta as noted on my identification card.
3. I am one and the same person as Sergio Duran and Sergio Acosta.
4. I am the biological son to Amparo Acosta, who is one and the same person as Amparo Acosta who passed away on 5/15/2014.
5. I am one and the same person who assigned to Heirfinders Research Associates, LLC my share of the excess proceeds for Riverside County, CA Assessor's Parcel Number 869032006.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 17 day of JUNE, 2019.

Sergio Duran Acosta
Sergio Duran Acosta

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

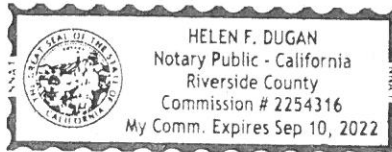
State of California;
County of RIVERSIDE

On JUNE 17, 2019 before me, HELEN F. DUGAN - Notary Public personally appeared Sergio Duran Acosta 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.

Helen F. Dugan
(notary's signature)



(seal)

402677624

DECLARATION

I, Assignor Sergio Duran Acosta declare the following to be true and correct with respect to my assignment of rights to claim excess proceeds to Assignee Heirfinders Research Associates, LLC, for parcel number 869032006 from the public auction of tax-defaulted property held on or about 5/2/17, in Riverside County, Ca.

I have been advised of my right to file a claim for excess proceeds on my own behalf. The parties have disclosed all facts to each other that each is aware of regarding the value of the rights being assigned as required by California Revenue and Taxation Code, Section 4675. It is further understood that I have the right to file this claim on my own behalf directly with the County at no cost.

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

Dated this 17 day of JUNE, 2019

SERGIO DURAN ACOSTA

Sergio Duran Acosta
361 S. Cottonwood Lane
Blythe, CA 92225
760-600-3791

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

3052009032436

CERTIFICATE OF DEATH

3200933002332

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 1/04)</small>		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given)		2 MIDDLE		3 LAST (Family)	
JOSE		MERCADO		DURAN	
AKA ALBO KNOWN A6 - Include full AKA (FIRST, MIDDLE, LAST)		4 DATE OF BIRTH mm/dd/yyyy		5 AGE Yrs	
		01/17/1943		66	
		IF UNDER ONE YEAR		IF UNDER 24 HOURS	
		Months Days		Hours Minutes	
				6 SEX	
				M	
9 BIRTH STATE/FOREIGN COUNTRY		10 SOCIAL SECURITY NUMBER		11 EVER IN U.S. ARMED FORCES?	
MEXICO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12 MARITAL STATUS (at Time of Death)		7 DATE OF DEATH mm/dd/yyyy		8 HOUR (24 Hours)	
MARRIED		03/04/2009		1940	
13 EDUCATION - Highest Level/Degree (see worksheet on back)		14/15 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		16 DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back))	
04		MEXICAN AMERICAN		WHITE	
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	
LABORER		AGRICULTURE		25	
20 DECEDENT'S RESIDENCE (Street and number or location)					
24970 INDUSTRIAL AVE					
21 CITY		22 COUNTY/PROVINCE		23 ZIP CODE	
RIPLEY		RIVERSIDE		92225	
24 YEARS IN COUNTY		25 STATE/FOREIGN COUNTRY			
23		CA			
26 INFORMANT'S NAME, RELATIONSHIP					
AMPARO ACOSTA, WIFE					
27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
24970 INDUSTRIAL AVE, RIPLEY, CA 92225					
28 NAME OF SURVIVING SPOUSE - FIRST		29 MIDDLE		30 LAST (Maiden Name)	
AMPARO		-		ACOSTA	
31 NAME OF FATHER - FIRST		32 MIDDLE		33 LAST	
FABIAN		-		DURAN	
34 BIRTH STATE		35 NAME OF MOTHER - FIRST		36 MIDDLE	
MX		MARIA		-	
37 LAST (Maiden)		38 BIRTH STATE			
MERCADO		MX			
39 DISPOSITION DATE mm/dd/yyyy		40 PLACE OF FINAL DISPOSITION (Street and number or rural house number, city or town, state, ZIP)			
03/09/2009		RES AMPARO ACOSTA 24970 INDUSTRIAL AVE, RIPLEY, CA 92225			
41 TYPE OF DISPOSITION(S)		42 SIGNATURE OF EMBALMER		43 LICENSE NUMBER	
CR/RES		MICHAEL PRESLEY		EMB7008	
44 NAME OF FUNERAL ESTABLISHMENT		45 LICENSE NUMBER		46 SIGNATURE OF LOCAL REGISTRAR	
FRYE CHAPEL & MORT OF BLYTHE				ERIC K. FRYKMAN, M.D.	
47 DATE mm/dd/yyyy		48 SIGNATURE OF LOCAL REGISTRAR		49 LICENSE NUMBER	
03/06/2009					
101 PLACE OF DEATH					
BLYTHE NURSING CARE CENTER					
102 IF HOSPITAL, SPECIFY ONE		103 IF OTHER THAN HOSPITAL, SPECIFY ONE			
<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
104 COUNTY		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106 CITY	
RIVERSIDE		285 W. CHANSLORWAY		BLYTHE	
107 CAUSE OF DEATH		108 DEATH REPORTED TO CORONER?			
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.		Time Interval Between Onset and Death <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
(A) IMMEDIATE CAUSE (Final disease or condition resulting in death)		(AT) HRS		109 BIOPSY PERFORMED?	
(B) PNEUMONIA				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) METASTATIC BRAIN CANCER		(BT) WKS		110 AUTOPTOY PERFORMED?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D) METASTATIC BRAIN CANCER		(CT) WKS		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					
113A IF FEMALE, PREGNANT IN LAST YEAR?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		116 SIGNATURE AND TITLE OF CERTIFIER		117 LICENSE NUMBER	
Decedent Attended Since		ADOLFO MACARAIG PAGLINAWAN M.D.		03/06/2009	
Decedent Last Seen Alive					
(A) mm/dd/yyyy		(B) mm/dd/yyyy		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
03/02/2009		03/02/2009		ADOLFO MACARAIG PAGLINAWAN M.D.	
				322 W HOBSON WAY STE 5, BLYTHE, CA 92225	
118 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120 INJURED AT WORK?		121 INJURY DATE mm/dd/yyyy	
MANNER OF DEATH <input type="checkbox"/> Nature <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
122 HOUR (24 Hours)		122 HOUR (24 Hours)			
123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc)					
124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125 LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126 SIGNATURE OF CORONER / DEPUTY CORONER					
127 DATE mm/dd/yyyy					
128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR					
A		B		C	
D		E		F	
				FAX AUTH. #	
				CENSUS TRACT	

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

James Greene MD MS

JUL 19 2019

JAMES GREENE, MD, MS
STATE REGISTRAR OF VITAL RECORDS

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the State Registrar.

CACDPH--01



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Rev.com, Inc.
222 Kearny St. Suite 800, San Francisco, CA, 94108
T: 888-369-0701 | support@rev.com | www.rev.com

ata
Member # 252626

Certification of Translation Accuracy

Translation of "SERGIO DURAN – BIRTH CERTIFICATE" from "SPANISH" to "ENGLISH"

We, Rev.com, Inc., a professional translation company, hereby certify that the above-mentioned document(s) has (have) been translated by experienced and qualified professional translators and that, in our best judgment, the translated text truly reflects the content, meaning, and style of the original text and constitutes in every respect a correct and true translation of the original document.

This is to certify the correctness of the translation only. We do not guarantee that the original is a genuine document, or that the statements contained in the original document are true. Further, Rev.com, Inc. assumes no liability for the way in which the translation is used by the customer or any third party, including end users of the translation.

A copy of the translation is attached to this certification.

David Abrameto, VP of Operations

Rev.com, Inc.

Dated: August 7, 2019



PAGE
A39 0006843
[Bar code]

[Coat of Arms]

[Bar code]

United Mexican States

Electronic Identifier
0200200820160000075
Single Population Registration Code
DUAS700321HBCRCR07

Birth Certificate

[Bar code]
Birth Certificate Number

Registration State
BAJA CALIFORNIA
Registration Municipality
MEXICALI
Office Reg. Date Book Certificate
0008 12/30/1970 2 357

Details of Registered Person

SERGIO	DURAN	ACOSTA
First Name(s):	Last Name:	Mother's Maiden Name:
MALE	03/21/1970	MEXICALI
Sex:	Date of Birth:	BAJA CALIFORNIA
		Place of Birth:

Registered Person Parents Details

JOSE	DURAN	MERCADO	MEXICAN	[Bar code]
First Name(s):	Last Name 1:	Mother's Maiden Name:	Nationality:	CURP:
AMPARO	ACOSTA	DE D.	MEXICAN	[Bar code]
First Name(s):	Last Name 1:	Mother's Maiden Name:	Nationality:	CURP:

Notes in margin: No marginal notes	Certification:
	This certified copy is issued pursuant to articles 35 of the Civil Code of Baja California.
	ISSUED ON NOVEMBER 21, 2016 I ATTEST

[QR CODE]

Electronic Signature:
[ALPHANUMERIC CODE]

QR CODE
[QR CODE]

Verification Code
10200200081970003572
[Bar code]

[Signature]
Civil Registry General Director
LIC. JAVIER MAYORAL MURILLO

The contents of this certificate can be verified at the website: <https://201.175.34.111/ActaMex/ConsultaFolio.jsp> by scanning the Electronic Identifier in the top right corner of the certificate, and for consultation on mobile devices, by downloading a QR code scanning application.

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

RECEIVED
2017 AUG 23 AM 8:27
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 209 Item 604 Assessment Number: 869032006-4

Assessee: DURAN, JOSE

Situs: 596 S SOLANO AVE BLYTHE 92225

Date Sold: May 2, 2017

Date Deed to Purchaser Recorded: June 21, 2017

Final Date to Submit Claim: June 21, 2018

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$26,624.05 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. 20050289008; recorded on 4-13-05. 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 Sergio Duran (son) of Jose Duran have attached a copy of death Cert. & a copy of Grant Deed.

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 8/15TH day of August, 2017 at Riverside, CA
County, State

Sergio Duran
Signature of Claimant

Signature of Claimant

Sergio Duran Acosta
Print Name

Print Name

361 S. Cottonwood Ln
Street Address

Street Address

Blythe, CA 92225
City, State, Zip

City, State, Zip

760-625-4530
Phone Number

Phone Number

APR-07-05 11:35AM FROM-Southland Title Escrow Department

000-00*

DOC # 2005-0289068

04/13/2005 08:00A Fee:36.00
Page 1 of 4 Doc T Tax Paid
Recorded in Official Records
County of Riverside
Larry U. Ward
Assessor, County Clerk & Recorder

8.

RECORDING REQUESTED BY:
SOUTHLAND TITLE - INLAND EMPIRE (Title)
AND WHEN RECORDED MAIL TO:

Jose Duran
598 Solano Avenue
Blythe, CA 92226

Order No.: 64817694
Escrow No.: SB03026368-TC
A.P.N.: 869-032-006

TRA 003



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A	R	L			COPY	LONG	REFUND	NONC	EXAM

GRANT DEED

36

THE UNDERSIGNED GRANTOR(S) DECLARE(S)
DOCUMENTARY TRANSFER TAX IS \$105.05

- computed on full value of property conveyed, or
- computed on full value less value of liens or encumbrances remaining at time of sale.
- unincorporated area City of Blythe



FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
Shepard Investments, Inc., a California corporation

hereby GRANT(S) to Jose Duran, a married man as his sole and separate property

the following described real property in the County of Riverside, State of California
That portion of Lot 6 of Blycrest Acres, in the City of Blythe, County of Riverside, State of California, as shown by Map on File in Book 10, Page 5 of Maps, Records of Riverside County, California, described as follows:

Beginning at the Southwest corner of said Lot; Thence Easterly on the Southerly line of said Lot, 50 feet; Thence Northerly and parallel with the Westerly line of said lot, 99 feet; Thence Westerly and parallel with the Southerly line of said Lot, 50 feet to the Westerly line thereof; Thence Southerly on the Westerly line of said lot, 99 feet to the point of beginning.

Dated: February 20, 2005
STATE OF CALIFORNIA
COUNTY OF

On 4/8/05 before me
a Notary Public in and for said County and State, personally appeared
Chris Shepard

Shepard Investments, Inc.
By: Chris Shepard, President

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 _____
Signature of Notary

(This area for official notary seal)
MAIL TAX STATEMENTS AS DIRECTED ABOVE

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
 RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200933002332

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 1/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JOSE		2. MIDDLE MERCADO		3. LAST (Family) DURAN	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
8. BIRTH STATE/FOREIGN COUNTRY MEXICO		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) MARRIED	
9. BIRTH DATE (mm/dd/yyyy) 01/17/1943		5. AGE Yrs. 66		7. DATE OF DEATH (mm/dd/yyyy) 03/04/2009	
13. EDUCATION - Highest Level/Degree (see worksheet on back) 04		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES MEXICAN AMERICAN <input type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED LABORER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AGRICULTURE		19. YEARS IN OCCUPATION 25	
20. DECEDENT'S RESIDENCE (Street and number or location) 24970 INDUSTRIAL AVE					
21. CITY RIPLEY		22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92225	
24. YEARS IN COUNTY 23		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP AMPARO ACOSTA, WIFE					
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 24970 INDUSTRIAL AVE, RIPLEY, CA 92225					
28. NAME OF SURVIVING SPOUSE - FIRST AMPARO		29. MIDDLE -		30. LAST (Maiden Name) ACOSTA	
31. NAME OF FATHER - FIRST FABIAN		32. MIDDLE -		33. LAST DURAN	
34. BIRTH STATE MX		35. NAME OF MOTHER - FIRST MARIA		36. MIDDLE DEL REFUGIO	
37. LAST (Maiden) MERCADO		38. BIRTH STATE MX		39. DISPOSITION DATE (mm/dd/yyyy) 03/09/2009	
40. PLACE OF FINAL DISPOSITION RES AMPARO ACOSTA		41. TYPE OF DISPOSITION(S) CR/RES			
42. SIGNATURE OF EMBALMER MICHAEL PRESLEY		43. LICENSE NUMBER EMB7008		44. NAME OF FUNERAL ESTABLISHMENT FRYE CHAPEL & MORT OF BLYTHE	
45. LICENSE NUMBER FD596		46. SIGNATURE OF LOCAL REGISTRAR ERIC K. FRYKMAN, M.D.		47. DATE (mm/dd/yyyy) 03/06/2009	
101. PLACE OF DEATH BLYTHE NURSING CARE CENTER					
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ERVOP <input type="checkbox"/> OCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 285 W. CHANSLORWAY		106. CITY BLYTHE	
107. 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 ventilator disconnection without showing the etiology. DO NOT ABBREVIATE. (A) CARDIOPULMONARY ARREST (B) PNEUMONIA (C) METASTATIC BRAIN CANCER					
108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (A) HRS (B) WKS (C) WKS (D) WKS		109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" 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 THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: 03/02/2009 Decedent Last Seen Alive: 03/02/2009					
115. SIGNATURE AND TITLE OF CERTIFIER ADOLFO MACARAIG PAGLINAWAN M.D.		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ADOLFO MACARAIG PAGLINAWAN M.D.		117. DATE (mm/dd/yyyy) 03/06/2009	
118. TYPE OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
120. SIGNATURE OF CORONER / DEPUTY CORONER		121. INJURY DATE (mm/dd/yyyy)		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE (mm/dd/yyyy)		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #		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.

DATE ISSUED **AUG 14 2017**

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

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



CARIVERSO2