

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



ITEM: 19.17
(ID # 21570)

MEETING DATE:
Tuesday, August 01, 2023

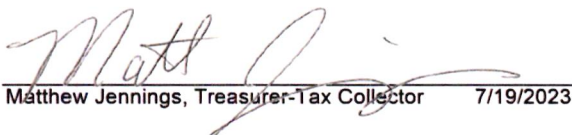
FROM : TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 212, Item 560. Last assessed to: Set Free Christian Fellowship Church. District 5. [\$1,578-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from the State of California, Department of Health Care Services for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 528103019-3;
2. Authorize and direct the Auditor-Controller to issue a warrant to the State of California, Department of Health Care Services in the amount of \$1,578.19, 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

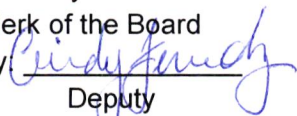

Matthew Jennings, Treasurer-Tax Collector 7/19/2023

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	\$1,578	\$ 0	\$1,578	\$ 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 1, 2018 public auction 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 various other research methods were 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 the State of California, Department of Health Care Services based on a Notice of Lien Including Stipulation For Lien recorded August 19, 2014 as Instrument No. 2014-0314302.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that the State of California, Department of Health Care Services be awarded excess proceeds in the amount of \$1,578.19. 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 a lienholder of the property.

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim DHCS

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 6/30/2023

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

RECEIVED

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 212 Item 560 Assessment Number: 528103019-3

Assessee: SET FREE CHRISTIAN FELLOWSHIP CHURCH

Situs: 52207 MAXINE AVE CABAZON 92230

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 \$ 13,396.77 from the sale of the above mentioned real property. I/We were the [X] 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. 2014-0314302; recorded on 08/19/2014. 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.

The current balance due on the lien as of 12/19/2018 is \$14,353.30.

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 19th day of December, 2018 at Sacramento, CA County, State

Signature of Claimant Kim Stahl, Collection Representative

Signature of Claimant

State of California Department of Health Care Services

Print Name Estate Recovery, MS 4720 Print Name

P.O. Box 997421 Street Address

Street Address

Sacramento, CA 95866-7421 City, State, Zip

City, State, Zip

916-650-6476 Phone Number

Phone Number

kim.stahl@DHCS.CA.GOV Email Address

Email Address

State of California

EDMUND G. BROWN JR., Governor

Department of Health Care Services
Recovery Section, MS 4720
P.O. Box 997425
Sacramento, CA 95899-7425

December 19, 2018

RECEIVED

2019 JAN 31 PM 5:58

RIVERSIDE COUNTY
OFFICE OF THE COUNTY CLERK

JON CHRISTENSEN, TREASURER-TAX COLLECTOR
c/o ATTENTION: EXCESS PROCEEDS
POST OFFICE BOX 12005
RIVERSIDE, CA 92502-2205

DEAR JON CHRISTENSEN:

DHCS ACCOUNT NUMBER
ESTATE OF :JOAN A BONINI
PROBATE NUMBER :NA
CLAIM AMOUNT :\$13,396.77

Enclosed are documents pertaining to the above-referenced estate. If you have questions, you may contact your collection representative at (916) 650-6476.



Enclosures
Estate Recovery

PB2000,019 (09/18)

MS. CAROLYN S GREGORY
Page 2

DOC # 2014-0314302

08/19/2014 02:44P Fee:NC
Page 1 of 5

Recorded in Official Records
County of Riverside

Larry W. Ward
Assessor, County Clerk & Recorder



RECORDING REQUESTED BY:

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH CARE SERVICES
(916) 650-6565

When Recorded Mail To:

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH CARE SERVICES
RECOVERY BRANCH
MS 4720
P.O. BOX 997425
SACRAMENTO, CA 95899-7425

S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
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Fees waived pursuant to Government Code 27383

State of California in the County of RIVERSIDE

NOTICE OF LIEN INCLUDING STIPULATION FOR LIEN



JOAN A BONINI, DECEASED
DHCS ACCOUNT NUMBER:

1) I, ADRIAN BARRAZA, on information and belief, state that I am authorized by the State of California, Department of Health Care Services, herein referred to as the "Department", to act on its behalf in the above-entitled matter.

2) The Department and

SET FREE CHRISTIAN FELLOWSHIP CHURCH,
C/O CAROLYN SUE GREGORY *

Distributee(s), enter into a voluntary lien on the following specifically described property, pursuant to California's Probate Code, Sections 215, 9202, and 9203, and California's Welfare and Institutions Code, Section 14009.5. This lien is for reimbursement of medical expenses paid by the California Medi-Cal Program, on behalf of the deceased, JOAN A BONINI, in the amount of \$13,396.77, with interest at 7.00%, including monthly payments of \$0.00, due by day 00 of each month, until the entire amount is paid in full. The entire remaining balance, including all interest accrued, becomes due and payable upon:

- (1) the death of the distributee(s), or
- (2) the sale, refinance, or transfer of the real property, or
- (3) any change in title, or
- (4) default in payments.

LEGAL DESCRIPTION OF PROPERTY

LOT 85, TRACT Cabazon Estates NO.2 as per map
recorded in Book 41, pages 63 and 64 , of Maps in the Office of the
County Recorder of said County.


PROPERTY ADDRESS : 52207 Maxine Avenue
Cabazon, CA 92230

ASSESSOR'S PARCEL NUMBER : 528-103-019

3) The above described property is currently of record under the name(s)
of: Set Free Christian Fellowship Church,
C/O Carolyn Sue Gregory,
distributee(s).

4) The validity of this lien is not dependent upon possession of the
subject property (Civil Code, Section 2913), and the Department reserves
all rights in law and equity to the subject property as security for the
obligation owed to it.

8/11/14
DATE


ADRIAN BARRAZA
Collection Representative
Recovery Branch
State of California
Department of Health Care Services
Lien Claimant

STIPULATION FOR LIEN

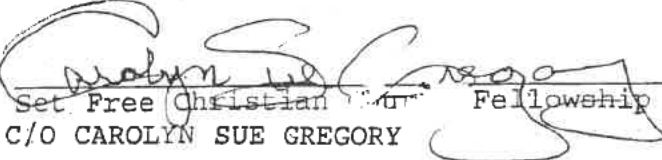
It is hereby stipulated by and between the distributee(s),

Set Free Christian Fellowship Church,
C/O Carolyn Sue Gregory,

and the Department of Health Care Services, herein referred to as the "Department", through their respective representatives, that the Department has a lien against the above-described property, in the sum of \$13,396.77, with interest at 7.00% per annum., including monthly payments of \$0.00, due by day 00 of each month, until the entire amount is paid in full. The entire remaining balance, including all interest accrued, becomes due and payable upon:

- (1) the death of the distributee(s), or
- (2) the sale, refinance, or transfer of the real property, or
- (3) any change in title, or
- (4) default in payments.

The Department's lien is based upon Medi-Cal paid medical services provided to the decedent, JOAN A BONINI, under either or both of Chapters 7 and 8 of the Welfare and Institutions Code, Section 14009.5, and Probate Code, Sections 215, 9202, and 9203. Service of this Notice of Lien and Stipulation for Lien is waived by the Distributee(s).

 Set Free Christian Fellowship Church C/O CAROLYN SUE GREGORY	<u>8-1-14</u> DATE
_____	DATE
_____	DATE
_____	DATE

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

State of California

County of Riverside

On Aug 01 2014 before me, Michelle L. Brandin, Notary Public

personally appeared Carolyn Sue Engstrom

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

[Handwritten Signature]

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: stipulation for lien

Document Date: Aug 01 2014 Number of Pages: one

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name: Carolyn Sue Engstrom Owner's Name:

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

Signer Is Representing:

ACKNOWLEDGMENT

State of California
County of Sacramento

On August 11, 2014 before me, M. Hoffeditz Notary Public
(insert name and title of the officer)

personally appeared Adrian Baraza
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 M. Hoffeditz (Seal)

Final Notice

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH CARE SERVICES
ESTATE RECOVERY, M/S 4720
PO BOX 997421
SACRAMENTO, CA 95866

Re: PIN: 528103019-3
TC 212 Item 560
Date of Sale: May 1, 2018

DHCS Account Number:
Estate of: Joan A. Bonini

To Whom It May Concern:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale.

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 Certificate
 Copy of Birth Certificates

Copy of Marriage Certificate for
 **Updated Statement of Monies Owed (up to
the date of the tax sale)**
 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 **May 19, 2023** to Riverside County Treasurer-Tax Collector, Attn:
Excess Proceeds, P.O. Box 12005, Rivers
contact me at the number listed below.

Sincerely,

Maricela Ambriz

Accounting Technician I
Tax Sale Operations/Excess Proceeds
Tel 951 955-3336/Fax 951 955-3990

4080 Lemon Street, 4
WWW.CountyTreasurer.org ★

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION
<ul style="list-style-type: none">■ 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.	<p>A. Signature X</p> <p>B. Received by (Printed Name)</p> <p>D. Is delivery address different? If YES, enter delivery address</p>
<p>1. Article Addressed to:</p> <p>STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES ESTATE RECOVERY, M/S 4720 PO BOX 997421 SACRAMENTO, CA 95866</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7022 3330 0000 1902 9832</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>

PS Form 3811, July 2020 PSN 7530-02-000-9053

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

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 212 Item 560 Assessment Number: 528103019-3

Assessee: SET FREE CHRISTIAN FELLOWSHIP CHURCH

Situs: 52207 MAXINE AVE CABAZON 92230

Date Sold: May 1, 2018

Date Deed to Purchaser Recorded: June 26, 2018

Final Date to Submit Claim: June 26, 2019

STATUS UPDATE ON AMOUNT DUE

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$13,369.77 from the sale of the above mentioned real property. I/We were the [X] 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. 2014-0314302, recorded on 08/19/2014. 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.

THE CURRENT BALANCE DUE ON THE LIEN AS OF DATE OF APRIL 30, 2018 IS \$13,846.57.

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 18TH day of MAY, 2023 at WEST SACRAMENTO, CA
County, State



Signature of Claimant
Kim Stahl, Collection Representative

Signature of Claimant

California Department of Health Care Services
Print Name
Estate Recovery, MS 4720
P.O. Box 997421
Street Address
Sacramento, CA 95866-7421
City, State, Zip
916-650-6476
Phone Number
kim.stahl@dhcs.ca.gov
Email Address

Print Name

Street Address

City, State, Zip

Phone Number

Email Address