

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



ITEM: 19.2
(ID # 19025)

MEETING DATE:
Tuesday, November 28, 2023

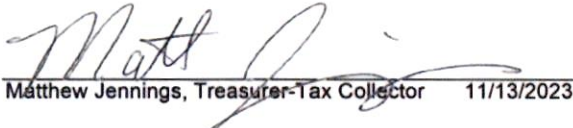
FROM : TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 214, Item 668. Last assessed to: Joseph L. Lauria and Epiphany B. Lauria, Husband and Wife as joint tenants. District 4. [\$4,989-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Linda Atkinson, Administrator of the Estate of Joseph F. Lauria, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 642192019-4;
2. Authorize and direct the Auditor-Controller to issue a warrant to Linda Atkinson, Administrator of the Estate of Joseph F. Lauria in the amount of \$4,989.05, 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.

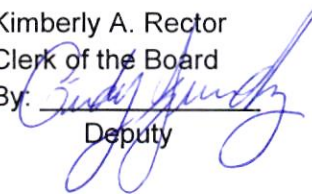
ACTION:Policy


Matthew Jennings, Treasurer-Tax Collector 11/13/2023

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Gutierrez, seconded by Supervisor Perez and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington and Perez and Gutierrez
Nays: None
Absent: None
Date: November 28, 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	\$4,989	\$ 0	\$4,989	\$ 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 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 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 Linda Atkinson, Administrator for the Estate of Joseph F. Lauria based on a Grant Deed recorded February 16, 1978 as Instrument No. 1978-30152, an Affidavit-Death of Joint Tenant recorded March 17, 2020 as Document No. 2020-0122734, a Stipulation and Order Thereon recorded July 15, 2002 as Document No. 2002-385436, Letters of Administration for the Estate of Joseph Francis Lauria filed May 8, 2018, and Certificates of Death for Joseph L. Lauria, Epiphany B. Lauria, and Joseph F. Lauria.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Linda Atkinson, Administrator for the Estate of Joseph F. Lauria be awarded excess proceeds in the amount of \$4,989.05. 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 Estate of the last assessee of the property.

ATTACHMENTS (if any, in this order):

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

ATTACHMENT A. Claim Atkinson

Cesar Bernal
Cesar Bernal, PRINCIPAL MGMT ANALYST 11/17/2023

Aaron Gettis
Aaron Gettis, Deputy County Counsel 9/26/2023

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 668 Assessment No.: 642192019-4

Assessee: LAURIA, JOSEPH L & EIPHANY B

Situs:

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 \$ 4,989.05 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. ** ; recorded on **. 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.

** Linda Atkinson is the administrator of the estate of Joseph L. Lauria LASC Case No. 19STPB06297.

This claim is filed on behalf of the estate of Joseph L. Lauria. The relevant documents supporting the claim of Joseph L. Lauria are attached hereto. Please contact Tamila C. Jensen Esq for further information

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 4th day of August, 2020 at Los Angeles, California
County, State

Linda Atkinson, Administrator
Signature of Claimant of the Estate of J. Lauria

Signature of Claimant

Linda Atkinson

Print Name

16911 San Fernando Mission Blvd, #345

Street Address

Granada Hills, CA 91344

City, State, Zip

(818)832-6849

Phone Number

Print Name

Street Address

City, State, Zip

Phone Number

RECEIVED

AUG 13 2020

30152

RECORDING REQUESTED BY

Transamerica Title Ins. Co.

307-106349

AND WHEN RECORDED MAIL TO

Name MR. & MRS. JOSEPH L. LAURIA
Street Address 6401 Shoup Avenue
City Canoga Park, Ca 91304
State
Zip



RECEIVED FOR RECORD

FEB 16 1978

AT 9:00 O'CLOCK A.M.
At Request of
TRANSAMERICA TITLE CO.
Book 1978, Page 30152
Recorded in Official Records
of Riverside County, California

W.D. Balogh Recorder

FEES \$

MAIL TAX STATEMENTS TO

Name Same As Above
Street Address
City
State
Zip

SPACE ABOVE THIS LINE FOR RECORDER'S USE

642-192-019-4 + 020-4

DOCUMENTARY TRANSFER TAX \$ 2.20
 COMPUTED ON FULL VALUE OF PROPERTY CONVEYED.
 OR COMPUTED ON FULL VALUE LESS LIENS AND ENCUMBRANCES REMAINING AT TIME OF SALE.
TRANSAMERICA TITLE INSURANCE CO.
John A. Ophan
Signature of Declarant or Agent determining tax. Firm Name

PARCEL No: 642-192-019-4 and 642-192-220-4

GRANT DEED

(Escrow No. 604947)

By this instrument dated November 2, 1977 for a valuable consideration,

DOROTHY G. AMEND, a widow

hereby GRANTS to

JOSEPH L. LAURIA and EPIPHANY B. LAURIA, Husband and Wife as joint tenants

the following described Real Property in the State of California, County of RIVERSIDE

City of Desert Hot Springs

Lots 393 and 394 of MIRACLE HEIGHTS UNIT NO. 2, as shown by Map on file in Book 32 pages 40,41 and 42 of Maps, records of Riverside County, California

Dorothy G. Amend
DOROTHY G. AMEND

Form No. 140 Revised 9-67

STATE OF CALIFORNIA

COUNTY OF San Diego

November 19, 1977 before me, the undersigned, a Notary Public in and for said County and State, personally appeared Dorothy G. Amend known to me to be the

person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same.

Notary's Signature *Nance Delphenich*



OFFICIAL SEAL
NANCE DELPHENICH
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Expires June 30, 1981

MAIL TAX STATEMENTS AS DIRECTED ABOVE

END RECORDED DOCUMENT

W. D. BALOGH, COUNTY RECORDER

RECORDING REQUESTED BY
Linda Atkinson
c/o Tamila C. Jensen
10324 Balboa Blvd., Ste. 200
Granada Hills, CA 91344

2020-0122734

03/17/2020 12:58 PM Fee: \$ 102.00

Page 1 of 2

Recorded in Official Records
County of Riverside
Peter Aldana
Assessor-County Clerk-Recorder



1032 104

AND WHEN RECORDED MAIL TO

NAME: Tamila C. Jensen
ADDRESS: 10324 Balboa Bl. #200
CITY & STATE: Granada Hills, CA 91344

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA,) APN: 642-192-019
) SS.
County of RIVERSIDE)

Linda Atkinson, of legal age, being first duly sworn, deposes and says:
That Joseph L. Lauria, the decedent mentioned in the attached certified copy of
Certificate of Death, is same person as Joseph L. Lauria
named as one of the parties in that certain Grant Deed dated November 2, 1977
executed by Dorothy G. Amend

to Joseph L. Lauria and Epiphany B. Lauria, Husband and Wife
as joint tenants, recorded as Instrument No. , on February 16, 1978 , in
book 1978 , page 30152 , of Official Records of Riverside
County, California, covering the following described property situated in the City of Desert Hot Springs
County of Riverside , State of California:

Lots 393 and 394 of MIRACLE HEIGHTS UNIT NO. 2, as shown by Map on
file in Book 32 pages 40, 41 and 42 of Maps, records of Riverside
County, California.

(Commonly known as: n/a - undeveloped land)

That the value of all real and personal property owned by said decedent at date of death, including the full value of the
property above described, did not then exceed the sum of \$

Dated 1/20/2020 Linda Atkinson, Administrator of the
Estate of Joseph Francis Lauria

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)
Subscribed and sworn to (or affirmed) before me on this
20th day of January, 2020
by Linda Atkinson
proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



Signature _____ (SEAL)

Title Order No.
Escrow No.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

0190 042605

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER							
DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR		
	JOSEPH		L.	LAURIA		September 17, 1981		10852		
	3. SEX	4. RACE	5. ETHNICITY		6. DATE OF BIRTH		7. AGE	IF UNDER 1 YEAR	IF UNDER 24 HOURS	
	Male	White	American		August 23, 1916		65 YEARS	MONTHS	DAYS	
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER				10. BIRTH NAME AND BIRTHPLACE OF MOTHER				
Connecticut	Salvatore C. Lauria - Italy				Josephine Musante - Penn.					
11. CITIZEN OF WHEN LISTED	12. SOCIAL SECURITY NUMBER			13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)				
U.S.A.				Married		Epiphany Bono				
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, LIST STATUS)			18. KIND OF INDUSTRY OR BUSINESS				
Retired Principle		25	Los Angeles City Unified School Systems			Education				
USUAL RESIDENCE	10A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			10B.		19C. CITY OR TOWN				
	6401 Shoup Avenue					Canoga Park				
19A. COUNTY	19B. STATE			20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP						
Los Angeles	California			Epiphany B. Lauria - Wife						
PLACE OF DEATH	21A. PLACE OF DEATH			21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)				
	Parkwood Community Hospital			Los Angeles		6401 Shoup Avenue				
	7011 Shoup Avenue			Canoga Park		Canoga Park, California 91307				
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER?			
	(A) <i>Acute Cardiac Insufficiency</i>						25. WAS BIOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?		
	(B) <i>Anterograde Chronic Cardiovascular Disease</i>					27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		DATE		
	(C)						28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER	
	23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28E. TYPE PHYSICIAN'S NAME AND ADDRESS							
PHYSICIAN'S CERTIFICATION	1 ATTENDED DECEDENT SINCE (ENTER MO., DA., YR.)	1 LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.)	28E. TYPE PHYSICIAN'S NAME AND ADDRESS							
INJURY INFORMATION	29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR		
CORONER'S USE ONLY	33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
	35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. AS REQUIRED BY LAW I HAVE HELD AN INVESTIGATION				35B. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED				
36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY			39. EMERALD LICENSE NUMBER AND SIGNATURE					
Cremation Sept. 22, 1981	Grand View Memorial Park	Glendale, Calif.			6724 Monte V. Canyon					
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)				41. LOCAL REGISTRATION DISTRICT	42. DATE ACCEPTED BY LOCAL REGISTRAR					
LORENZEN MORTUARY - Reseda				20201 Reseda Blvd	SEP 21 1981					
STATE REGISTRAR	A.	B.	C.	D.	E.	F.				

VB-11 (10-78)

CALOSANGOR

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C. Logan
DEAN C. LOGAN
Registrar-Recorder/County Clerk

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

OCT 25 2018



1000002696713



RECORDING REQUESTED BY AND MAIL TO:
 (Name and mailing address, including city, state,
 and ZIP code, of requesting party)

Thomas E. Jimenez
 Jimenez Law Office
 7179 Magnolia Avenue
 Riverside, CA 92504-3805

DOC # 2002-385436

07/15/2002 08:00A Fee:22.00

Page 1 of 6

Recorded in Official Records
 County of Riverside

Gary L. Orso
 Assessor, County Clerk & Recorder



M	S	U	PAGE	SIZE	DA	PCOR	NOCOR	SMF	MISC.	
	1		10							
					1				LC	
A	R	L				COPY	LONG	REFUND	NCHG	EXAM

(23)

DOCUMENT TITLE

- ABSTRACT OF JUDGMENT
- ACKNOWLEDGMENT OF SATISFACTION OF JUDGMENT
- OTHER (specify): STIPULATION AND ORDER THEREON

1 THOMAS E. JIMENEZ
2 State Bar No. 187564
3 7179 Magnolia Avenue
4 Riverside, CA 92504-3805
5 909.328.9140

6 Attorney for Representative

FILED
LOS ANGELES SUPERIOR COURT

JUN 26 2002

JOHN A. CLARKE, CLERK

BY M. HART, DEPUTY

7
8 SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

9 Estate of:

10 EPIPHANY B. LAURIA,

11
12
13 Decedent.

Case No.: No. LP 007012

14 Stipulation and Order Settling First Account
15 Current and Report of Status of Administration of
16 Executor, Allowing Preliminary Distribution
17 Under the Will, Granting Extension of Time for
18 Completing Administration, and Setting Date for
19 Hearing on Petitions to Determine Ownership of
20 Property and Preliminary Award of Statutory
21 Attorney's Fees.

Date of Hearing: 6-7-02

Time: 9:30 a.m.

Dept. NW H

Judge: Honorable Richard G. Kolostian

22 This matter came on regularly for hearing on June 7, 2002, at 9:30 a.m. before the
23 Honorable Richard G. Kolostian. Representative Christopher Lauria and objector Joseph
24 Lauria, through their respective attorneys of record, Thomas Jimenez, and Ronald E.
25 White, stipulated on the record that:

- 26
- 21 1. Objector Joseph Lauria withdraws his objections to the First Account
22 Current and Report;
 - 23 2. The First Account Current and Report be settled, allowed, and approved as
24 filed;



- 1 3. The acts and proceedings of Christopher Lauria as sole executor reflected in
2 the petitioner's First Account Current and Report be confirmed, ratified and
3 approved;
- 4 4. As set forth in the will, the following real property located in Desert Hot
5 Springs, California are distributed to to Joseph F. Lauria:
- 6 • **Lots 393 and 394, Miracle Heights Unit No. 2, as per map**
7 **recorded in Book 32, Pages 40 to 42 inclusive of maps, in**
8 **the Office of the County Recorder of Riverside County,**
9 **subject to covenants, conditions, restrictions,**
10 **reservations, rights, rights of way and easements of**
11 **record;**
 - 12 • **Lot 643, Palm Drive, Desert Springs Estates, Unit No. 4, as**
13 **per Map on file in Book 34 Pages 19, of Maps, in the Office of**
14 **Riverside County Record, subject to covenants, conditions,**
15 **restrictions, reservations, rights, rights of way and**
16 **easements of record.**
- 17 5. The net proceeds from the sale of the real property devised to Christopher
18 Lauria at 6401 Shoup Avenue, West Hills are distributed to him except for
19 an amount sufficient to cover all the estate's outstanding debts plus
20 \$75,000.00 pursuant to the will and as repayment for costs advanced.
21
22
23
24
25
26

2002-385436
07/15/2002 08:00A
3 of 6




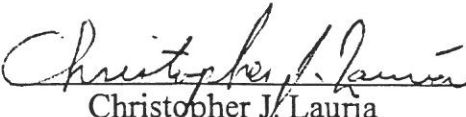
- 1 6. Christopher Lauria will quitclaim his interest in the real property known as
2 8301 Valjean Avenue, North Hills, California to Joseph Lauria. Joseph
3 Lauria will quitclaim his interest in the real estate known as 19230 Roscoe
4 Boulevard, Northridge, California to Christopher Lauria. Christopher
5 Lauria will petition the Court under Probate Code § 850 et seq and all other
6 appropriate laws for a determination of property rights granting to Joseph
7 Lauria 8301 Valjean and to Christopher Lauria 19230 Roscoe. The matter
8 will be heard on August 2, 2002 at 9:30 a.m. in Department NW H.
9
10 7. Attorney Thomas Jimenez will petition for a preliminary award of statutory
11 fees for work already accomplished. The matter will also be heard on
12 August 2, 2002 at 9:30 a.m. in Department NW H.
13
14 8. The period of administration of this estate will be extended for one year
15 from the date of the entry of the Order settling the First Account Current.
16

17 SO STIPULATED:

18 Dated: June 17, 2002

Dated: June 17, 2002

19
20 
21 _____
Joseph F. Lauria


Christopher J. Lauria

22 ////

23
24
25
26

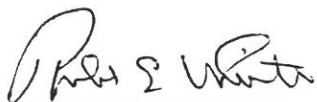
2002-385436
07/15/2002 08:00A
4 of 6



1 APPROVED AS TO FORM AND CONTENT:

2
3 Dated: June 19, 2002

Dated: June 12, 2002

4 

5 _____
6 Ronald E. White
7 Attorney for Joseph F. Lauria



8 _____
9 Thomas E. Jimenez
10 Attorney for Christopher J. Lauria

11 SO ORDERED:

12 Dated: JUN 20 2002



13 Honorable Richard G. Kolostian
14 Judge of the Superior Court



15 Richard G. Kolostian

16
17
18
19
20
21
22
23
24
25
26
2002-385436
07/15/2002 08:00A
5 of 6



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

3 199919036712

STATE FILE NUMBER		USE BLACK INK ONLY IN WRITING, SIGNATURES OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST (OVER)		2. MIDDLE		3. LAST (INCLUDE)	
EPIPHANY		B.		LAURIA	
4. DATE OF BIRTH MM/DD/CCYY		5. AGE THIS BIRTH YEAR		6. SEX	
08/03/1915		84		F	
7. DATE OF DEATH MM/DD/CCYY		8. HOUR		9. MINUTE	
08/19/1999		1920			
10. STATE OF BIRTH		11. SOCIAL SECURITY NO.		12. MARITAL STATUS	
NJ				Widow	
13. RACE		14. MARRIAGE—SPECIFY		15. USUAL EMPLOYER	
White		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Los Angeles Unified School District	
16. OCCUPATION		17. KIND OF BUSINESS		18. YEARS IN OCCUPATION	
Elementary School Teacher		Education		40	
19. RESIDENCE—(STREET AND NUMBER OR LOCATION)					
6401 Shoup Avenue					
20. CITY		21. COUNTY		22. ZIP CODE	
West Hills		Los Angeles		91307	
23. YEAR IN COUNTY		24. STATE OR FOREIGN COUNTRY			
60		CA			
25. NAME, RELATIONSHIP					
Christophor Lauria - Son					
26. RESIDENCE ADDRESS (STREET AND NUMBER OR PO BOX, STATE, ZIP)					
6401 Shoup Ave., West Hills, CA 91307					
27. NAME OF SURVIVING SPOUSE—FIRST		28. MIDDLE		29. LAST (MAIDEN NAME)	
30. NAME OF FATHER—FIRST		31. MIDDLE		32. LAST	
Emmanuelle				Bono	
33. NAME OF MOTHER—FIRST		34. MIDDLE		35. LAST (MAIDEN)	
Frances				Parisi	
36. DATE MM/DD/CCYY		37. PLACE OF FINAL DISPOSITION			
08/27/1999		San Fernando Mission Cometary 11160 Stranwood Rd, Mission Hills, CA 91345			
38. TYPE OF DISPOSITION		39. SIGNATURE OF REGISTRAR		40. LICENSE NO.	
Burial		<i>Paul Biel</i>			
41. NAME OF FUNERAL DIRECTOR		42. SIGNATURE OF LOCAL REGISTRAR		43. DATE MM/DD/CCYY	
LORENZEN MORTUARY - Reseda		<i>Mark</i>		08/24/1999	
44. PLACE OF DEATH		45. IF HOSPITAL, SPECIFY CHED		46. FACILITY OTHER THAN HOSPITAL	
Residence		<input type="checkbox"/> IP <input type="checkbox"/> F/OP <input type="checkbox"/> DOA		<input type="checkbox"/> COT. <input type="checkbox"/> MOB. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	
47. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		48. CITY			
6401 Shoup Avenue		West Hills			
49. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		FINE INTERVAL BETWEEN DEATH AND REPORT		100. DEATH REPORTED TO CORONER	
IMMEDIATE CAUSE (A): Aortic Aneurysm		minutes		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (B)				99-57327	
DUE TO (C)				100. SHIPPY PERFORMED	
DUE TO (D)				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
101. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 100		102. AUTOPSY PERFORMED		103. USED IN DETERMINING CAUSE	
None		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
104. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 100 OR 101? IF YES, LIST TYPE OF OPERATION AND DATE.					
No					
105. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.		106. SIGNATURE AND TITLE OF CERTIFIER		107. DATE MM/DD/CCYY	
08/04/1998 07/19/1999		<i>Joseph Rosenbloom, MD</i>		08/23/1999	
108. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		109. HOURS AT WORK		110. BIRTH DATE MM/DD/CCYY	
Joseph Rosenbloom MD 21263 Erwin St., Woodland Hills CA 91367					
111. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.		112. HOURS AT WORK		113. PLACE OF BIRTH	
114. MANNER OF DEATH		115. DESCRIBE HOW PLURAL OCCURRED (EVENTS WHICH RESULTED IN PLURAL)			
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE					
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> FIREARM <input type="checkbox"/> CHAS. NOT BE DETERMINED					
116. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
117. SIGNATURE OF CORONER OR DEPUTY CORONER		118. DATE MM/DD/CCYY		119. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
<i>4415</i>					
STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT	
		197/6310			

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk

Dean C Logan
DEAN C. LOGAN
Registrar-Recorder/County Clerk

SEP 06 2022



* 2000000147808 *

This copy will void unless prepared on computer and displaying the Seal and Signature of the Registrar-Recorder/County Clerk.



0009230566 - 02 - E

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address)

TAMILA C. JENSEN
57404
LAW OFFICES OF TAMILA C. JENSEN
10324 Balboa Boulevard, Suite 200
Granada Hills, CA 91344

TELEPHONE AND FAX NOS
(818) 363-6733
(818) 831-8513

FOR COURT USE ONLY

FILED
Superior Court of California
County of Los Angeles

MAY 08 2018

Sherri R. Carter, Executive Officer/Clerk
By Jasmine Orozco, Deputy

ATTORNEY FOR (Name) Linda Atkinson
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles

STREET ADDRESS 111 North Hill Street
MAILING ADDRESS
CITY AND ZIP CODE Los Angeles, CA 90012
BRANCH NAME CENTRAL

ESTATE OF (Name):
Joseph Francis Lauria

DECEDENT

CASE NUMBER:
17STPB05978

LETTERS

- TESTAMENTARY
- OF ADMINISTRATION
- OF ADMINISTRATION WITH WILL ANNEXED
- SPECIAL ADMINISTRATION

LETTERS

1. The last will of the decedent named above having been proved, the court appoints (name):
 - a. executor.
 - b. administrator with will annexed.
2. The court appoints (name):
Linda Atkinson
 - a. administrator of the decedent's estate.
 - b. special administrator of decedent's estate
 - (1) with the special powers specified in the Order for Probate.
 - (2) with the powers of a general administrator.
 - (3) letters will expire on (date):
3. The personal representative is authorized to administer the estate under the Independent Administration of Estates Act with full authority with limited authority (no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).
4. The personal representative is not authorized to take possession of money or any other property without a specific court order.

AFFIRMATION

1. PUBLIC ADMINISTRATOR: No affirmation required (Prob. Code, § 7621(c)).
2. INDIVIDUAL: I solemnly affirm that I will perform the duties of personal representative according to law.
3. INSTITUTIONAL FIDUCIARY (name):

I solemnly affirm that the institution will perform the duties of personal representative according to law. I make this affirmation for myself as an individual and on behalf of the institution as an officer.
(Name and title):

4. Executed on (date): April 13, 2018
at (place): Granada Hills, California.

Linda Atkinson
(SIGNATURE)

CERTIFICATION

I certify that this document is a correct copy of the original on file in my office and the letters issued the personal representative appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

WITNESS, clerk of the court, with seal of the court affixed.



Date: MAY 08 2018
Clerk, by SHERRI R. CARTER
Jasmine Orozco
(DEPUTY)



Date: MAY 08 2018
Clerk, by SHERRI R. CARTER
Jasmine Orozco
(DEPUTY)

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052012004821 **CERTIFICATE OF DEATH** 3201219001062
USE BLACK INK ONLY - NO ERASURES, WHITEOUTS OR HIGHLIGHTERS

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Birth)	
JOSEPH		F		LAURIA	
4. DATE OF BIRTH mm/dd/yyyy					
10/11/1954					
5. AGE YRS					
57					
6. SEX					
M					
7. DATE OF DEATH mm/dd/yyyy					
01/05/2012					
8. HOURS 01-24					
0259					
9. BIRTH STATE/FOREIGN COUNTRY					
CALIFORNIA					
10. SOCIAL SECURITY NUMBER					
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)					
DIVORCED					
13. EDUCATION - highest (university)					
14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see checkbox in block)					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
15. OCCASION'S RACE - US to 3 races may be listed (see work sheet on back)					
CAUCASIAN					
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED					
HIGH SCHOOL ADMINISTRATOR					
17. HOME OF BUSINESS OR INDUSTRY (e.g. grocery store, rose cultivation, employment agency, etc.)					
EDUCATION					
18. YEARS IN OCCUPATION					
20					
19. DECEDENT'S RESIDENCE (Street and number, or location)					
23611 DRACO WAY					
20. CITY					
WEST HILLS					
21. COUNTY/PROVINCE					
LOS ANGELES					
22. ZIP CODE					
91307					
23. YEARS IN COUNTY					
45					
24. STATE/FOREIGN COUNTRY					
CALIFORNIA					
25. INFORMANT'S NAME, RELATIONSHIP					
SUSAN FRANCES LAURIA, DAUGHTER					
26. INFORMANT'S MAILING ADDRESS (Street and number, or care of, or other, or PO Box)					
23611 DRACO WAY, WEST HILLS, CA 91307					
27. NAME OF SURVIVING SPOUSE/SPOUSE-OF-FIRST					
28. MIDDLE					
29. LAST (BIRTH NAME)					
30. NAME OF FATHER/PARENT-FIRST					
31. MIDDLE					
32. LAST					
33. BIRTH STATE					
34. NAME OF MOTHER/PARENT-FIRST					
35. MIDDLE					
36. LAST (BIRTH NAME)					
37. BIRTH STATE					
38. DEPOSITION DATE mm/dd/yyyy					
01/13/2012					
39. PLACE OF FINAL DISPOSITION					
1/4 RESIDENCE OF SUSAN FRANCES LAURIA					
23611 DRACO WAY, WEST HILLS, CA 91307					
40. TYPE OF DISPOSITION					
CR/RFS					
41. SIGNATURE OF EMBALMER					
NOT EMBALMED					
42. LICENSE NUMBER					
43. NAME OF FUNERAL ESTABLISHMENT					
LORENZEN ANGELENO					
44. LICENSE NUMBER					
45. SIGNATURE OF LOCAL REGISTRAR					
JONATHAN FIELDING, MD					
46. DATE mm/dd/yyyy					
01/12/2012					
47. PLACE OF DEATH					
RESIDENCE					
48. COUNTY					
LOS ANGELES					
49. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)					
23611 DRACO WAY					
50. CITY					
WEST HILLS					
51. CAUSE OF DEATH					
I. IMMEDIATE CAUSE					
A. CARDIAC ARREST					
B. RESPIRATORY FAILURE					
C. CHRONIC OBSTRUCTIVE PULMONARY DISEASE					
52. DEATH REPORTED TO CORONER?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
53. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 51?					
NONE					
54. WAS OPERATION PERFORMED FOR ANY CONDITION IN 51, 52 OR 53?					
NO					
55. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED					
56. SIGNATURE AND TITLE OF CERTIFIER					
RICHARD D. DRUCKER M.D.					
57. LICENSE NUMBER					
01/10/2012					
58. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
RICHARD D. DRUCKER M.D.					
59. CITY					
WOODLAND HILLS, CA 91367					
60. MANNER OF DEATH					
61. INJURED AT WORK?					
62. PLACE OF INJURY (e.g. home, construction site, roadway, etc.)					
63. DESCRIBE HOW INJURY OCCURRED (e.g. slip, fall, etc.)					
64. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
65. SIGNATURE OF CORONER / DEPUTY CORONER					
66. DATE mm/dd/yyyy					
67. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
68. STATE REGISTRAR					
69. FAX AUTH#					
70. CENSUS TRACT					

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink

Jonathan E. Fielding, MD DATE ISSUED
 Director of Public Health and Registrar



JAN 31 2012

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE