

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



**ITEM: 19.3  
(ID # 19026)**

**MEETING DATE:**  
Tuesday, November 28, 2023

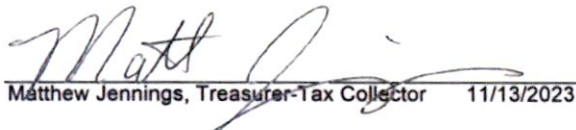
**FROM :** TREASURER-TAX COLLECTOR:

**SUBJECT:** TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 214, Item 669. Last assessed to: Joseph L. Lauria and Epiphany B. Lauria, Husband and Wife as joint tenants. District 4. [\$5,189-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 642192020-4;
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 \$5,189.05, 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**

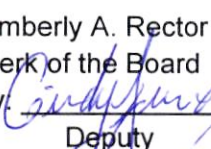
  
Matthew Jennings, Treasurer-Tax Collector 11/13/2023

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**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**

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$ 5,189	\$ 0	\$ 5,189	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS:</b> Fund 65595 Excess Proceeds from Tax Sale.			<b>Budget Adjustment:</b>	N/A
			<b>For Fiscal Year:</b>	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. 2020-0122708, 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 the claim from Linda Atkinson, Administrator for the Estate of Joseph F. Lauria be awarded excess proceeds in the amount of \$5,189.05. 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 669 Assessment No.: 642192020-4

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

RECEIVED  
AUG 13 2020

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 5,189.05 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 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

30152

RECORDING REQUESTED BY

Transamerica Title Ins. Co.

07-106349

AND WHEN RECORDED MAIL TO

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



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

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Name Same As Above  
Street Address  
City State Zip

642-192-019-4 and 642-192-020-4

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.  
 Signature of Declarant or Agent determining tax. Firm Name

PARCEL No: 642-192-019-4 and 642-192-020-4

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

Revised 9 67

STATE OF CALIFORNIA

COUNTY OF San Diego

November 2, 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

**2020-0122708**

03/17/2020 12:51 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: 642-192-020

County of RIVERSIDE )

) SS.

Linda Atkinson )

, of legal age, being first duly sworn, deposes and says:  
, the decedent mentioned in the attached certified copy of

That Joseph L. Lauria  
Certificate of Death, is same person as Joseph L. Lauria  
named as one of the parties in that certain Grant Deed  
executed by Dorothy G. Amend

dated November 2, 1977

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*

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 Jan, 2020

by Linda Atkinson

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

Signature

*Linda Atkinson*



(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	
1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)
JOSEPH	L.	LAURIA	September 17, 1981
28. HOUR	0852		
3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH
Male	White	American	August 23, 1916
7. AGE	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
65 YEARS	Connecticut	Salvatore C. Lauria - Italy	Josephine Musante - Penn.
11. CHILD OF MOTHER'S COUNTRY	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, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Retired Principle	25	Los Angeles City Unified School Systems	Education
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.	19C. CITY OR TOWN
6401 Shoup Avenue			Canoga Park
19D. COUNTY		19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Los Angeles		California	Epiphany B. Lauria - Wife
21A. PLACE OF DEATH		21B. COUNTY	6401 Shoup Avenue
Parkwood Community Hospital		Los Angeles	Canoga Park, California 91307
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
7011 Shoup Avenue		Canoga Park	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. WAS DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE		NO	
(A) <i>Acute Cardiac Insufficiency</i>		25. WAS BIOPSY PERFORMED?	
(B) <i>Anteroseptal Myocardial Infarction</i>		NO	
(C)		26. WAS AUTOPSY PERFORMED?	
		NO	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 21 OR 23?	
		NO	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	
I ATTENDED DECEDENT SINCE (ENTER NO. DA, YR.)		THOMAS J. ROBUCCI, M.D., CORONER	
I LAST SAW DECEDENT ALIVE (ENTER NO. DA, YR.)		28C. DATE SIGNED	
		28D. PHYSICIAN'S LICENSE NUMBER	
		28E. TYPE PHYSICIAN'S NAME AND ADDRESS	
		1104 N. MISSION RD., LOS ANGELES, CALIF. 90033	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	
31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
32B. HOUR		34. DESCRIBE HOW INJURY OCCURRED (SYNOPSIS WHICH RESULTED IN INJURY)	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN INVESTIGATION	
		35B. CORONER—SIGNATURE AND DEGREE OR TITLE	
		THOMAS J. ROBUCCI, M.D., CORONER	
		35C. DATE SIGNED	
		21-91	
36. DISPOSITION		39. EMPLOYER'S LICENSE NUMBER AND SIGNATURE	
Cremation Sept. 22, 1981 Grand View Memorial Park Glandale, Calif.		6784 Monte V. Carpenter	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		42. DATE ACCEPTED BY LOCAL REGISTRAR	
LORENZEN MORTUARY - Reseda		SEP 21 1991	
A.	B.	C.	D.
STATE REGISTRAR			

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

OCT 25 2018

1000002696712

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

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE



CALOSANGOR

3

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



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(23)

### DOCUMENT TITLE

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



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

4 Attorney for Representative

**FILED**  
LOS ANGELES SUPERIOR COURT

JUN 20 2002

JUDITH A. CLARKE, CLERK

BY M. HART, DEPUTY

6 SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

8 Estate of:

9 EPIPHANY B. LAURIA,

14 Decedent.

Case No.: No. LP 007012

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

Date of Hearing: 6-7-02

Time: 9:30 a.m.

Dept. NW H

Judge: Honorable Richard G. Kolostian

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

20 White, stipulated on the record that:

- 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;



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3. The acts and proceedings of Christopher Lauria as sole executor reflected in the petitioner's First Account Current and Report be confirmed, ratified and approved;

4. As set forth in the will, the following real property located in Desert Hot Springs, California are distributed to to Joseph F. Lauria:

- **Lots 393 and 394, Miracle Heights Unit No. 2, as per map recorded in Book 32, Pages 40 to 42 inclusive of maps, in the Office of the County Recorder of Riverside County, subject to covenants, conditions, restrictions, reservations, rights, rights of way and easements of record;**
- **Lot 643, Palm Drive, Desert Springs Estates, Unit No. 4, as per Map on file in Book 34 Pages 19, of Maps, in the Office of Riverside County Record, subject to covenants, conditions, restrictions, reservations, rights, rights of way and easements of record.**

5. The net proceeds from the sale of the real property devised to Christopher Lauria at 6401 Shoup Avenue, West Hills are distributed to him except for an amount sufficient to cover all the estate's outstanding debts plus \$75,000.00 pursuant to the will and as repayment for costs advanced.

2002-385436  
07/15/2002 08:09A  
3 of 6




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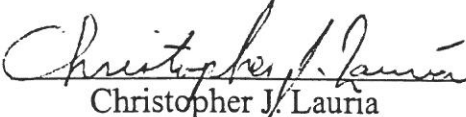
- 6. Christopher Lauria will quitclaim his interest in the real property known as 8301 Valjean Avenue, North Hills, California to Joseph Lauria. Joseph Lauria will quitclaim his interest in the real estate known as 19230 Roscoe Boulevard, Northridge, California to Christopher Lauria. Christopher Lauria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

SO STIPULATED:

Dated: June 17, 2002

Dated: June 12, 2002

  
 \_\_\_\_\_  
 Joseph F. Lauria

  
 \_\_\_\_\_  
 Christopher J. Lauria

////





STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

3 199919034712

Form with fields for decedent personal data, usual residence, informant, spouse and parent information, disposition, funeral director, place of death, cause of death, physician's certification, and coroner's use only.



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 Registrar-Recorder/County Clerk

SEP 06 2022

Barcode and number: \*2000000147808\*



This copy is valid unless prepared on engraved border 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

**LETTERS**

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

CASE NUMBER:  
17STPB05978

**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 8 2018  
Clerk, by SHERRI R. CARTER  
Jasmine Orozco  
(DEPUTY)



Date: MAY 8 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

STATE FILE NUMBER 3052012004821		LOCAL REGISTRATION NUMBER 3201219001062	
1. NAME OF DECEDENT—FIRST (Given) <b>JOSEPH</b>		2. MIDDLE <b>F</b>	3. LAST (Family) <b>LAURIA</b>
4. DATE OF BIRTH mm/dd/yyyy <b>10/11/1954</b>			
5. AGE YRS. <b>57</b>		6. UNDER 24 HOURS Months Days Hours	7. UNDER 24 HOURS Minutes
8. SEX <b>M</b>		9. BIRTH STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>	
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12. MARITAL STATUS/STDP (at Time of Death) <b>DIVORCED</b>
13. EDUCATION—Highest Level/Degree (see worksheet on back) <b>MASTER'S</b>		14. WAS DECEDENT HISpanic/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED <b>HIGH SCHOOL ADMINISTRATOR</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, meat construction, employment agency, etc.) <b>EDUCATION</b>	19. YEARS IN OCCUPATION <b>20</b>
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>23611 DRACO WAY</b>			
21. CITY <b>WEST HILLS</b>		22. COUNTY/PROVINCE <b>LOS ANGELES</b>	23. ZIP CODE <b>91307</b>
24. YEARS IN COUNTY <b>45</b>		25. STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>	
26. INFORMANT'S NAME, RELATIONSHIP <b>SUSAN FRANCES LAURIA, DAUGHTER</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or route number, city or town, state and zip) <b>23611 DRACO WAY, WEST HILLS, CA 91307</b>	
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST <b>-</b>		29. MIDDLE <b>-</b>	30. LAST (BIRTH NAME) <b>-</b>
31. NAME OF FATHER/PARENT—FIRST <b>JOSEPH</b>		32. MIDDLE <b>FRANCIS</b>	33. LAST <b>LAURIA</b>
34. BIRTH STATE <b>CT</b>		35. NAME OF MOTHER/PARENT—FIRST <b>EPIPHANY</b>	
36. MIDDLE <b>-</b>		37. LAST (BIRTH NAME) <b>BONO</b>	38. BIRTH STATE <b>NEW YORK</b>
39. DISPOSITION DATE mm/dd/yyyy <b>01/13/2012</b>		40. PLACE OF FINAL DISPOSITION 1/4 RESIDENCE OF SUSAN FRANCES LAURIA <b>23611 DRACO WAY, WEST HILLS, CA 91307</b>	
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
43. LICENSE NUMBER <b>-</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>LORENZEN ANGELENO</b>	
45. SIGNATURE OF LOCAL REGISTRAR <b>Jonathan Fielding, MD</b>		46. DATE mm/dd/yyyy <b>01/12/2012</b>	
101. PLACE OF DEATH <b>RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EPICU <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. COUNTY <b>LOS ANGELES</b>		104. CITY <b>WEST HILLS</b>	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>23611 DRACO WAY</b>		106. CITY <b>WEST HILLS</b>	
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 failure without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>A) CARDIAC ARREST</b> Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>B) RESPIRATORY FAILURE</b> <b>C) CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>			
108. DEATH REPORTED TO CORONER? County and Date YRS MINS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BOPSY PERFORMED? YRS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? YRS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. Usher in Determining Cause? YRS <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 <b>NONE</b>			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED. Decedent's Attended Date Decedent's Last Seen Alive <b>02/29/2008 12/20/2011</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>RICHARD D. DRUCKER M.D.</b>	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>RICHARD D. DRUCKER M.D.</b>		117. LICENSE NUMBER <b>01/10/2012</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>5601 DE SOTO AVENUE, WOODLAND HILLS, CA 91367</b>		119. DATE mm/dd/yyyy <b>01/12/2012</b>	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		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 <b>Jonathan E. Fielding, MD</b>		127. DATE mm/dd/yyyy <b>01/12/2012</b>	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>Director of Public Health and Registrar</b>		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR <b>A B C D E</b>		FAX AUTH.#	
CENSUS TRACT		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  
PP 13



**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