

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



ITEM: 19.11
(ID # 22780)

MEETING DATE:
Tuesday, January 09, 2024

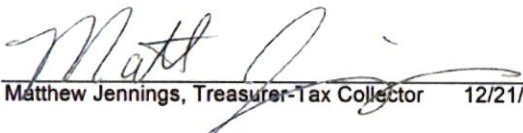
FROM : TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 214, Item 485. Last assessed to: Alfred L. Holt and Judith S. Holt, 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 Heirfinders Research Associates, LLC, Assignee for Alfred Holt AKA Alfred L. Holt for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 520101004-7; and
2. Authorize and direct the Auditor-Controller to issue a warrant to Heirfinders Research Associates, LLC, Assignee for Alfred Holt AKA Alfred L. Holt in the amount of \$5,189.69, 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 12/21/2023

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Spiegel, 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, Perez and Gutierrez
Nays: None
Absent: None
Date: January 9, 2024
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	\$ 5,189	\$ 0	\$ 5,189	\$ 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 tax 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 Heirfinders Research Associates, LLC, Assignee for Alfred Holt AKA Alfred L. Holt based on an Assignment of Right to Collect Excess Proceeds notarized January 27, 2020, a Grant Deed recorded March 18, 1981 as Instrument No. 1981-47384, and a Certificate of Death for Judith Sharon Holt.

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 Alfred Holt AKA Alfred L. Holt be awarded excess proceeds in the amount of \$5,189.69. 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 last assessee of the property.

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Heirfinders

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

Cesar Bernal
Cesar Bernal, PRINCIPAL MGMT ANALYST 12/22/2023

Aaron Gettis
Aaron Gettis, Deputy County Counsel 10/17/2023

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

RECEIVED

To: Jon Christensen, Treasurer-Tax Collector

2020 FEB 14 PM 1:53

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

TC 214 Item 485 Assessment No.: 520101004-7

Assessee: HOLT, ALFRED L & JUDITH S

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 \$ \$5,189.69+/- 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. 1981-0047384; recorded on 03/18/1981. 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.

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 27th day of January, 2020 at Los Angeles CA
County, State



Signature of Claimant

Signature of Claimant

Michael Haney, VP Heirfinders Research Associates
Print Name

Print Name

5042 Wilshire Blvd #622
Street Address

Street Address

Los Angeles, CA 90036
City, State, Zip

City, State, Zip

323-937-3033
Phone Number

Phone Number

See Attached

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 520101004-7 sold at public auction on 5/30/2019-6/4/2019 I understand that the total of excess proceeds available for refund is \$ 5,189.69+/- 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.

Alfred Holt
(Signature of Party of Interest/Assignor)

Alfred Holt
(Name Printed)

2285 S. Highway 89
(Address)

STATE OF CALIFORNIA)ss.
COUNTY OF Box Elder)

Perry, UT 84302
(City/State/Zip)

(435)730-1103
(Area Code/Telephone Number)

On 7 December, 2019, before me, Kaylee Joy Jarrett, personally appeared Alfred Holt, 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.
Kaylee Joy Jarrett
(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.

Michael Haney
(Signature of Assignee)

Michael Haney
(Name Printed)

5042 Wilshire Blvd Ste 622
(Address)

STATE OF CALIFORNIA)ss.
COUNTY OF Los Angeles)

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

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.

See Attached

(Signature of Notary)

(This area for official seal)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

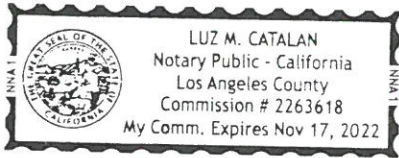
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)
On 1/27/2020 before me, LUZ M. CATALAN, Notary Public,
Date Here Insert Name and Title of the Officer
personally appeared Michael Hany
Name(s) of Signer(s)

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 [Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Assignment of right to collect excess proceeds Document Date: 1/27/2020
Number of Pages: 1 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

47384

RECORDING REQUESTED BY

Title Insurance and Trust Co.

WHEN RECORDED MAIL TO

Mr. & Mrs. Alfred Holt
11342 Moreno Avenue
Lakeside, California 92040

DYH/ls Trust RS-32010-15

MAIL TAX STATEMENT TO ADDRESS SHOWN ABOVE

SPACE ABOVE THIS LINE FOR RECORDER'S USE

RECEIVED FOR RECORD

AT 9:00 O'CLOCK A.M.

IN PRESENCE OF

TITLE INS. & TRUST CO.

Book 1981, Page 47384

MAR 18 1981

Recorded in Official Records
of Riverside County, California

Recorder

FEES \$ 3.00

GRANT DEED

Affix I. R. S. \$.....

Trust No. S. 32010-5

4/8083 JV

TITLE INSURANCE AND TRUST COMPANY, a California corporation, for a sufficient consideration, does hereby GRANT to ALFRED L. HOLT AND JUDITH S. HOLT, husband and wife as joint tenants

the real property situate in the County of ~~SAN BERNARDINO~~ Riverside, State of California, described as follows:

Lot 44, Friendly Estates No. 1, as per map recorded in Book 39 of Maps, pages 26 to 29, records of Riverside County, California.

This deed is given for the completion of that contract dated February 22, 1973.

DOCUMENTARY TRANSFER TAX \$ 6.05
 Computed on full value of property conveyed, or
 Computed on full value less liens & encumbrances remaining thereon at time of sale.

TITLE INSURANCE AND TRUST COMPANY
Janice R. Salcedo

SUBJECT to existing rights, conditions, covenants, reservations, restrictions, and easements which may affect the use or occupancy of such property, whether the same appear from instruments on the public records or not, but incorporating by this reference all restrictions now of record.

ALSO SUBJECT to ~~Pro-rata~~ taxes for the fiscal year 19 ~~72/73~~ and subsequent.

Pursuant to provisions of its By-laws said TITLE INSURANCE AND TRUST COMPANY has caused its corporate name and seal to be hereunto affixed by its Vice President and Assistant Secretary thereunto duly authorized this MAR 10 1981 Asst.

State of California }
County of San Bernardino } ss.

On MAR 10 1981 before me, the undersigned, a Notary Public in and for said County, personally appeared the above named signatories, known to me to be respectively the Vice President and Assistant Secretary of the Title Insurance and Trust Company, the corporation that executed the within and foregoing instrument and known to me to be the persons who executed the within instrument on behalf of the corporation therein named, and acknowledged to me that such corporation executed the same.

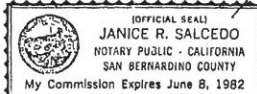
Witness my hand and official seal the day and year in this certificate first above written

Janice R. Salcedo
Notary Public in and for said County and State

JANICE R. SALCEDO
Type or Print Name of Notary

TITLE INSURANCE AND TRUST COMPANY

By *Janice R. Salcedo* Vice President
Asst. By *Janice R. Salcedo* Assistant Secretary



Title Order No.
Escrow or Loan No.

10-8-74

MAIL TAX STATEMENTS AS DIRECTED ABOVE

END RECORDED DOCUMENT DONALD D. SULLIVAN, COUNTY RECORDER

STATE OF UTAH CERTIFICATION OF VITAL RECORD

DATE ISSUED

DEC 24 2019

APR 21 2004

STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

2004 003535

	1. NAME OF DECEDENT Judith Sharon Holt	2. SEX Female	3a. DATE OF DEATH (Mo., Day, Yr.) April 2, 2004	3b. TIME OF DEATH (24 hr. clock) 23:45
	4. DATE OF BIRTH (Mo., Day, Yr.) November 6, 1941	5. AGE - Last Birthday 62	6. BIRTHPLACE (City & State or Foreign Country) San Francisco, CA	7. SOCIAL SECURITY NUMBER Confidential
	8a. PLACE OF DEATH (check only) <input checked="" type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DCA <input type="checkbox"/> 4. Other (Specify)		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) Pioneer Valley Hospital	
	8c. CITY, TOWN, OR LOCATION OF DEATH West Valley City	8d. COUNTY OF DEATH Salt Lake	9. SURVIVING SPOUSE (if wife, give maiden name)	
	10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 2. Married <input checked="" type="checkbox"/> 4. Divorced	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Homemaker	12b. KIND OF BUSINESS OR INDUSTRY Own Home
	13a. RESIDENCE - STREET AND NUMBER 1214 Prado Vista, Space #223		13b. CITY, TOWN OR COMMUNITY West Valley City	13c. COUNTY Salt Lake
	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	13e. ZIP CODE 84119	14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify) <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify)	15. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify) White
	16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) 12			
PARENTS	17. FATHER'S NAME (First, Middle, Last) John Steinbach		18. MOTHER'S NAME (First, Middle, Last) Virginia Fischer	
INFORMANT	19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Dale Holt (Son) 4898 Shayn Hill Drive West Jordan, Utah 84084			
DISPOSITION	20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input type="checkbox"/> 4. Burial <input checked="" type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		21a. DATE OF DISPOSITION April 15, 2004	21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Leavitt's Crematory
	22. SIGNATURE OF FUNERAL SERVICE LICENSEE Brady Leder		23. LICENSEE NUMBER	24. FUNERAL HOME (Name and address) Leavitt's Mortuary 836 36th Street Ogden, Utah 84403
CERTIFIER	25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 04/12/04		26. If not certified by medical examiner, was death reported to M.E.? (If yes, enter the date and hour reported.) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No M.E. CASE NO. _____ HR. _____ MO. _____ DAY _____ YEAR _____	
	27a. CERTIFIER <input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 2. MEDICAL EXAMINER/LAW ENFORCEMENT OFFICIAL: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.			
	27b. SIGNATURE AND TITLE OF CERTIFIER Willcox		27c. LICENSE NUMBER	27d. DATE SIGNED (Month, Day, Year) 04/14/04
REGISTRAR	28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type-Print) James Willcox M.D. 3725 West 4100 South West Valley City, Utah 84120			
	29. REGISTRAR'S SIGNATURE [Signature]		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)	30b. DATE FILED (Mo., Day, Yr.) April 14, 2004
CAUSE OF DEATH	31. PART I. ENTER THE DISEASE, INJURY, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Alcoholism			Approximate Interval Between Onset and Death Years
	IMMEDIATE CAUSE (Final disease or condition resulting in death)			
	a. DUE TO (OR AS A CONSEQUENCE OF):			
	b. DUE TO (OR AS A CONSEQUENCE OF):			
	c. DUE TO (OR AS A CONSEQUENCE OF):			
	d. DUE TO (OR AS A CONSEQUENCE OF):			
	PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I			
	32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input checked="" type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 5. NON USER <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 6. UNKNOWN IF USER <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 7. UNKNOWN IF USER <input type="checkbox"/> 4. Is unknown in relation to the cause of death.		33a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No
	34. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined if injured Purposefully or Accidently <input type="checkbox"/> 6. Pending Investigation	35a. DATE OF INJURY (Mo., Day, Yr.)	35b. TIME OF INJURY (24 Hour Clock) <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	35c. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)
	35d. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY should be entered in Item 31)			

USE PERMANENT BLACK INK

05
1
12b
DECEDENT 451804
1
2 +
1
12
5
DISPOSITION 45
CERTIFIER 187564
2
600
CAUSE OF DEATH
UDH-BVR Form 12, Rev. 12/98



Linda S. Winger
Linda S. Winger LCSW
State Registrar
Rev. 4/19

066186397

UTAH DEPARTMENT OF HEALTH
Office of Vital Records & Statistics
Salt Lake City, Utah



This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: High Resolution Border, V & R images in top cycloids, and microtext. This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE