

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



ITEM: 19.3
(ID # 19015)

MEETING DATE:
Tuesday, February 27, 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 664. Last assessed to: Joseph L. Lauria and Epiphany B. Lauria, husband and wife, as joint tenants. District 4. [\$26,635-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 641251004-5; and
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 \$26,635.57, 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.

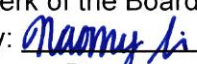
ACTION:Policy


Matthew Jennings, Treasurer-Tax Collector 2/13/2024

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Jeffries, 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: February 27, 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	\$ 26,635	\$ 0	\$ 26,635	\$ 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 of the Estate of Joseph F. Lauria based on a Corporation Grant Deed recorded October 10, 1972 as Instrument No. 1972-134853, an Affidavit-Death of Joint Tenant recorded April 28, 2020 as Instrument No. 2020-0183959, a Stipulation And Order Thereon recorded July 15, 2002 as Instrument No. 2002-385436, Letters of Administration for the Estate of Joseph Francis Lauria filed May 08, 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 of the Estate of Joseph F. Lauria be awarded excess proceeds in the amount of \$26,635.57. 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.

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

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Atkinson


Cesar Bernal, PRINCIPAL MGMT ANALYST 2/16/2024


Aaron Gettis, Deputy County Counsel 11/27/2023

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 664 Assessment No.: 641251004-5

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 \$ 26,635.57 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 5th day of June, 2020 at Los Angeles, California 91344
County, State

Linda Atkinson
Signature of Claimant Administrator
Linda Atkinson

Linda Atkinson
Signature of Claimant Administrator

Print Name

Print Name

16911 San Fernando Mission Blvd, #345

Street Address

Street Address

Granada Hills, CA 91344

City, State, Zip

City, State, Zip

(818)832-6849

Phone Number

Phone Number

134853

RECORDING REQUESTED BY

Desert Springs Estates Inc.
7250 Beverly Blvd.
Los Angeles, Ca., 90036

AND WHEN RECORDED MAIL TO

Name
Street
Address
City & State

Joseph L. & Epiphany Lauria
6401 Shoup Avenue
Canoga Park, Calif. 91304

PAID
Doc. Transfer Tax
W. D. BALOGH
COUNTY RECORDER

RECEIVED FOR RECORD

OCT 10 1972

30 Min. Past 9 o'clock A.M.

134853

Book 1972, Page
Recorded in Official Record
of Riverside County, California

W.D. Balogh Recorder

MAIL TAX STATEMENTS TO

SPACE ABOVE THIS LINE FOR RECORDER USE

Name
Street
Address
City & State

Joseph L. & Epiphany Lauria
6401 Shoup Avenue
Canoga Park, Calif. 91304

Documentary Transfer Tax \$ 3.30
X Computed on Full Value of Property Conveyed
~~Desert Springs Estates Inc. 7250 Beverly Blvd. Los Angeles, Ca. 90036~~
Signature of Declarant or Agent determining tax.
Firm name

Corporation Grant Deed

TO 406 CA 17-6H

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged.

DESERT SPRINGS ESTATES INC.

a corporation organized under the laws of the state of California
hereby GRANTS to

JOSEPH L. LAURIA and EPIPHANY B. LAURIA, husband and wife,
as joint tenants.

the following described real property in the City of Desert Hot Springs
County of Riverside State of California:

Lot No. 643 in the DESERT SPRINGS ESTATES UNIT 4,
as per Map on file in Book 34, Pages 19, OF MAPS,
in the Office of Riverside County Recorder, subject to:
Covenants, conditions, restrictions, reservations,
rights, rights of way and easements of record.

In Witness Whereof, said corporation has caused its corporate name and seal to be affixed hereto and this instrument to be executed by its Leslie Broudy President and Allan Franklin Secretary
hereunto duly authorized.

Dated: October 6, 1972

DESERT SPRINGS ESTATES, INC.

STATE OF CALIFORNIA
COUNTY OF Los Angeles

On October 6, 1972 before me, the under-
signed, a Notary Public in and for said State, personally appeared

Leslie Broudy known
to me to be the President, and

Allan Franklin known to me to be

Secretary of the Corporation that executed the
within instrument, 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 within instru-
ment pursuant to its by laws or a resolution of its board of directors.

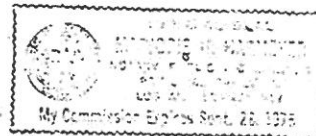
WITNESS my hand and official seal.

Signature: Marjorie H. Harmeyer

Marjorie H. Harmeyer

Name (Typed or Printed)

By: Leslie Broudy President
Allan Franklin Secretary



Title Order No. _____

Escrow or Loan No. _____

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

2020-0183959

04/23/2020 04:50 PM

AND WHEN RECORDED MAIL TO

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

Peter Aldana
County Of Riverside
Assessor-County Clerk-Recorder

AFFIDAVIT-DEATH OF JOINT TENANT

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

STATE OF CALIFORNIA,)

APN: 641-251-004

County of RIVERSIDE)

)SS.

Linda Atkinson)

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

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

dated October 6, 1972

to Joseph L. Lauria and Epiphany B. Lauria, Husband and Wife

as joint tenants, recorded as Instrument No. 1972 134853
book 1972 , page 134853 , of Official Records of Riverside , on October 10, 1972 , in

County, California, covering the following described property situated in the City of Desert Hot Springs
County of Riverside , State of California:

Lot No. 643 in the DESERT SPRINGS ESTATES UNIT 4, as per Map on file
in Book 34, Pages 19, of Maps, in the office of Riverside County
Recorder, subject to: Covenants, conditions, restrictions,
reservations, rights, rights of way and easements of record.

(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

11/20/2020

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

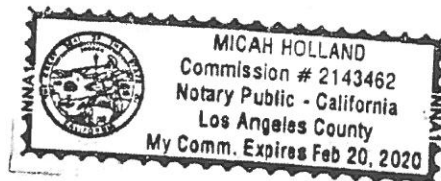
20th
day of January, 2020

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

Signature

Title Order No.

Escrow No.



(SEAL)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

81-133272

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

0190 042605

STATE FILE NUMBER 81-133272		CERTIFICATE OF DEATH STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 0190 042605	
1A. NAME OF DECEDENT--FIRST JOSEPH		1B. MIDDLE L.		1C. LAST LAURIA	
2A. DATE OF DEATH (MONTH, DAY, YEAR) September 17, 1981		2B. HOUR 0852			
3. SEX Male		4. RACE White		5. ETHNICITY American	
6. DATE OF BIRTH August 23, 1916		7. AGE 65		8. MARITAL STATUS Married	
9. BIRTHPLACE OF DECEDENT--STATE OR FOREIGN COUNTRY Connecticut		10. NAME AND BIRTHPLACE OF FATHER Salvatore C. Lauria - Italy		11. BIRTH NAME AND BIRTHPLACE OF MOTHER Josephine Musante - Penn.	
12. SOCIAL SECURITY NUMBER U.S.A.		13. EMPLOYER (IF SELF-EMPLOYED) Los Angeles City Unified School Systems		14. NAME OF SURVIVING SPOUSE (IF WIFE, GIVE SPOUSE'S NAME) Epiphany Bono	
15. PRIMARY OCCUPATION Retired Principle		16. NUMBER OF YEARS IN THIS OCCUPATION 25		17. KIND OF INDUSTRY OR BUSINESS Education	
18A. USUAL RESIDENCE--STREET ADDRESS (STREET AND NUMBER OR LOCATION) 6401 Shoup Avenue		18B. CITY OR TOWN Los Angeles		18C. STATE California	
19A. COUNTY Los Angeles		19B. CITY OR TOWN Los Angeles		20. NAME AND ADDRESS OF INFORMANT--RELATIONSHIP Epiphany B. Lauria - Wife	
21A. PLACE OF DEATH Parkwood Community Hospital		21B. CITY OR TOWN Los Angeles		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 6401 Shoup Avenue	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 7011 Shoup Avenue		21D. CITY OR TOWN Canoga Park		21E. STATE California	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE CONDITIONS, IF ANY, WHICH CAUSE DISEASE TO THE IMMEDIATE CAUSE. STATING THE UNDERLYING CAUSE FIRST (A) Acute Cardiac Ischemia (B) Anterior wall Myocardial Infarction (C)		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		24. WAS DEATH REPORTED TO CORONER? 81-11979	
25. WAS AUTOPSY PERFORMED? NO		26. WAS ANATOMY PERFORMED? NO		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION NO	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER NO. OF DAYS) I LAST SAW DECEDENT ALIVE (ENTER NO. OF DAYS)		28B. PHYSICIAN--SIGNATURE AND DESIGNE OR TITLE [Signature]		28C. DATE SIGNED NO	
28D. PHYSICIAN'S LICENSE NUMBER		28E. TYPE PHYSICIAN'S NAME AND ADDRESS			
29. SPECIFIC ACCIDENT, INJURY, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
32. DATE OF INJURY--MONTH, DAY, YEAR		32B. HOUR			
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 CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN INQUIRY (CORONER'S INVESTIGATION)		35B. CORONER--SIGNATURE AND DESIGNE OR TITLE [Signature]		35C. DATE SIGNED 9-21-81	
36. DISPOSITION Cremation		37. DATE--MONTH, DAY, YEAR Sept. 22, 1981		38. NAME AND ADDRESS OF CORONER OR CREMATOR Grand View Memorial Park, Glendale, Calif.	
39. LOCAL HEALTH OFFICER'S SIGNATURE AND TITLE [Signature]		39. HEALTH OFFICER'S LICENSE NUMBER AND EXPIRATION DATE 6784 Monte V. Carpenter		40. DATE ACCEPTED BY LOCAL REGISTRAR SEP 21 1981	
41. LOCAL HEALTH OFFICER'S SIGNATURE AND TITLE [Signature]		41. LOCAL HEALTH OFFICER'S LICENSE NUMBER AND EXPIRATION DATE		42. DATE ACCEPTED BY LOCAL REGISTRAR	
43. STATE REGISTRAR A. 1 B. X C. 1 D. 1 E. 4292 F. 21-2-4-01-05					

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

DATE ISSUED

James Greene

MAR 23 2020

JAMES GREENE MD MS
STATE REGISTRAR OF VITAL RECORDS

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

CACDPH--01



004976446



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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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

JOHN A. CLERKE, 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:

- 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;

2002-385436
07/15/2002 08:06A
2 of 6



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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.



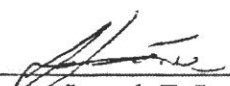
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- 6. Christopher Lauria will quitclaim his interest in the real property known as 8301 Valjean Avenue, North Hills, California to Joseph Lauria. Joseph Lauria will quitclaim his interest in the real estate known as 19230 Roscoe Boulevard, Northridge, 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.

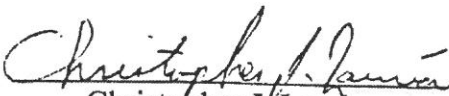
SO STIPULATED:

Dated: June 17, 2002

Dated: June 15, 2002



 Joseph F. Lauria



 Christopher J. Lauria

////



1 APPROVED AS TO FORM AND CONTENT:

2

3 Dated: June 19, 2002

Dated: June 12, 2002

4
5 Ronald E. White
6 Ronald E. White
7 Attorney for Joseph F. Lauria

Thomas E. Jimenez
Thomas E. Jimenez
Attorney for Christopher J. Lauria

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9 SO ORDERED:

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12 Dated: JUN 20 2002

Richard G. Kolostian
Honorable Richard G. Kolostian
Judge of the Superior Court
R
Richard G. Kolostian

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

3 199919034712

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS VD-11 (REV. 7/97)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST (GIVEN) EPIPHANY		2. MIDDLE B.		3. LAST (FAMILY) LAURIA	
4. DATE OF BIRTH MM/DD/CCYY 08/03/1915		5. AGE YRS. 84		6. SEX F	
7. DATE OF DEATH MM/DD/CCYY 08/19/1999		8. HOUR 1920			
9. STATE OF BIRTH NJ		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS Widow		13. EDUCATION—YEARS COMPLETED 16			
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Los Angeles Unified School District	
17. OCCUPATION Elementary School Teacher		18. KIND OF BUSINESS Education		19. YEARS IN OCCUPATION 40	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 6401 Shoup Avenue					
21. CITY West Hills		22. COUNTY Los Angeles		23. ZIP CODE 91307	
24. YRS IN COUNTY 60		25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP Christopher Lauria - Son		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 6401 Shoup Ave., West Hills, CA 91307			
28. NAME OF SURVIVING SPOUSE—FIRST -		29. MIDDLE -		30. LAST (MAIDEN NAME) -	
31. NAME OF FATHER—FIRST Emmanuelle		32. MIDDLE -		33. LAST Bono	
34. BIRTH STATE Italy		35. NAME OF MOTHER—FIRST Frances		36. MIDDLE -	
37. LAST (MAIDEN) Parisi		38. BIRTH STATE Italy			
39. DATE MM/DD/CCYY 08/27/1999		40. PLACE OF FINAL DISPOSITION San Fernando Mission Cemetery 11160 Stranwood Rd. Mission Hills, CA 91345			
41. TYPE OF DISPOSITION(S) Burial		42. SIGNATURE OF EMERALD Paul Bied		43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR LORENZEN MORTUARY - Reseda		45. SIGNATURE OF LOCAL REGISTRAR Mark Thomas		46. DATE MM/DD/CCYY 08/24/1999	
101. PLACE OF DEATH Residence		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CCIV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. COUNTY Los Angeles		105. CITY West Hills			
106. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 6401 Shoup Avenue		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) Aortic Aneurysm		108. TIME INTERVAL BETWEEN ONSET AND DEATH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 99-57327 minutes	
109. SHOPEE PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 None					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN (ITEM 107 OR 112) IF YES, LIST TYPE OF OPERATION AND DATE. No					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. DECEASED ATTENDED SINCE DECEASED LAST SEEN ALIVE MM/DD/CCYY 08/04/1998 07/19/1999		115. SIGNATURE AND TITLE OF CERTIFIER Joseph Rosenbloom, MD		116. LICENSE NO. 08/23/1999	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Joseph Rosenbloom MD 21263 Erwin St., Woodland Hills CA 91367		118. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		119. INJURY DATE MM/DD/CCYY 08/19/1999	
120. HOUR 1920		121. PLACE OF INJURY		122. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
123. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED					
124. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
125. SIGNATURE OF CORONER OR DEPUTY CORONER 4415		126. DATE MM/DD/CCYY		127. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. # 197/6310		CENSUS TRACT	

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



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This copy not valid unless prepared on enganged border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



FOR COURT USE ONLY

ATTORNEY OR PARTY WITHOUT ATTORNEY, Name, State Bar number, and address

TAMILA C. JENSEN
57404

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

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

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

FILED
Superior Court of California
County of Los Angeles

MAY 08 2018

Sherri R. Carter, Executive Officer/Clerk
By *[Signature]*, Deputy
Jasmine Orozco

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.

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

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.

[Signature]
(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.



Date: MAY 08 2018
Clerk, by SHERRI R. CARTER

[Signature]
(DEPUTY)
Jasmine Orozco



Date: MAY 08 2018
Clerk, by SHERRI R. CARTER

[Signature]
(DEPUTY)
Jasmine Orozco

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052012004821

CERTIFICATE OF DEATH

3201219001062

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITOUTS OR ALTERATIONS VC-1 (REV 9/06)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)			
JOSEPH		F		LAURIA			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX	
		10/11/1954		57		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SDP (at Time of Death)	
CALIFORNIA				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		DIVORCED	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		16. DATE OF DEATH mm/dd/yyyy	
MASTER'S <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN		01/05/2012	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION			
HIGH SCHOOL ADMINISTRATOR		EDUCATION		20			
20. DECEDENT'S RESIDENCE (Street and number, or location)							
23611 DRACO WAY							
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		25. STATE/FOREIGN COUNTRY	
WEST HILLS		LOS ANGELES		91307		CALIFORNIA	
26. INFORMANT'S NAME, RELATIONSHIP				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
SUSAN FRANCES LAURIA, DAUGHTER				23611 DRACO WAY, WEST HILLS, CA 91307			
28. NAME OF SURVIVING SPOUSE/SDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)			
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
JOSEPH		FRANCIS		LAURIA		CT	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE		37. LAST (BIRTH NAME)		38. BIRTH STATE	
EPIPHANY				BONO		NEW YORK	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION (Street and number, or rural route number, city or town, state and zip)					
01/13/2012		23611 DRACO WAY, WEST HILLS, CA 91307					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER				43. LICENSE NUMBER	
CR/RES		▶ NOT EMBALMED					
44. NAME OF FUNERAL ESTABLISHMENT		45. SIGNATURE OF LOCAL REGISTRAR		46. DATE mm/dd/yyyy		47. DATE mm/dd/yyyy	
LORENZEN ANGELENO		▶ JONATHAN FIELDING, MD				01/12/2012	
101. PLACE OF DEATH							
RESIDENCE							
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)				106. CITY	
LOS ANGELES		23611 DRACO WAY				WEST HILLS	
107. CAUSE OF DEATH		108. IF OTHER THAN HOSPITAL, SPECIFY ONE				109. IF OTHER THAN HOSPITAL, SPECIFY ONE	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Enter the chain of events - diseases, injuries, or conditions - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.				110. DEATH REPORTED TO CORONER (Date and Death Referral Number)	
(A) CARDIAC ARREST						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(B) RESPIRATORY FAILURE						(BT) 109. BIOPSY PERFORMED?	
(C) CHRONIC OBSTRUCTIVE PULMONARY DISEASE						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107						(CT) 110. AUTOPSY PERFORMED?	
NONE						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(E) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107						(DT) 111. USED IN DETERMINING CAUSE?	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107						115A. IF FEMALE, PREGNANT IN LAST YEAR?	
NONE						<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.)						115B. IF FEMALE, PREGNANT IN LAST YEAR?	
NO						<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
		▶ RICHARD D. DRUCKER M.D.				01/10/2012	
(A) mm/dd/yyyy		(B) mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
02/29/2008		12/20/2011		RICHARD D. DRUCKER M.D. 5601 DE SOTO AVENUE, WOODLAND HILLS, CA 91367			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
124. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)							
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
126. SIGNATURE OF CORONER / DEPUTY CORONER				127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#		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

