

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



ITEM: 19.7
(ID # 22923)

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 155. Last assessed to: Estate of Robert A. Guerra. District 2. [\$72,247-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Jacqueline Guerra, heir to the Estate of Robert A. Guerra, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 371221052-1;
2. Approve the claim from Brandyn Guerra, heir to the Estate of Robert A. Guerra, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 371221052-1; and,
3. Authorize and direct the Auditor-Controller to issue a warrant to Jacqueline Guerra, heir to the Estate of Robert A. Guerra in the amount of \$36,123.51 and to Brandyn Guerra, heir to the Estate of Robert A. Guerra in the amount of \$36,123.51, 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.

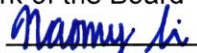
ACTION:Policy


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 | \$ 72,247 | \$ 0 | \$ 72,247 | \$ 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 two claims for excess proceeds:

1. Claim from Jacqueline Guerra, heir to the Estate of Robert A. Guerra based on a Quitclaim Deed recorded April 23, 2008 as Instrument No. 2008-0201768, a Declaration Under Probate Code Section 13101 notarized July 20, 2020 and a Certificate of Death for Robert Anthony Guerra.
2. Claim from Brandyn Guerra, heir to the Estate of Robert A. Guerra based on a Quitclaim Deed recorded April 23, 2008 as Instrument No. 2008-0201768, a Declaration Under Probate Code Section 13101 notarized April 10, 2020 and a Certificate of Death for Robert Anthony Guerra.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Jacqueline Guerra, heir to the Estate of Robert A. Guerra be awarded excess proceeds in the amount of \$36,123.51 and Brandyn Guerra, heir to the Estate of Robert A. Guerra be awarded excess proceeds in the amount of \$36,123.51. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimants by certified mail.

Impact on Residents and Businesses

Excess proceeds will be released to heirs 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 JGuerra

ATTACHMENT B. Claim BGuerra


Cesar Bernal, PRINCIPAL MGMT ANALYST 2/16/2024


Aaron Gettis, Deputy County Counsel 1/25/2024

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

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 214 Item 155 Assessment Number: 371221052-1

Assessee: GUERRA ROBERT A ESTATE OF

Situs:

Date Sold: June 4, 2019

Date Deed to Purchaser Recorded: August 13, 2019

Final Date to Submit Claim: August 13, 2020

RECEIVED
2020 JUL 24 AM 11:08
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

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

- Excess Proceeds From the Sale of Tax-Defaulted Property.
- Declaration Under Probate Code Section 13101 - Notarized
- Application for Death Certificate Mailed to Miriam Marvez
- Jacqueline Guerra - cert of live Birth - cert of Baptism - Social Security Card - Notification of Birth Registration
- Robert Guerra

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 3 day of APRIL, 2020 at ORANGE, CALIFORNIA
County, State

Jacqueline Guerra
Signature of Claimant

Signature of Claimant

JACQUELINE GUERRA
Print Name

Print Name

23 VIA JOAQUIN
Street Address

Street Address

RANCHO SANTA MARGARITA, CA 92688
City, State, Zip

City, State, Zip

949-310-7032
Phone Number

Phone Number

JG@JACQUELINEPROPERTIES.COM
Email Address

Email Address

NOTARY CERTIFICATE
ATTACHED

RECORDING REQUESTED BY

DOC # 2008-0201768

04/23/2008 08:00A Fee:15.00

Page 1 of 3

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



AND WHEN RECORDED MAIL TO

NAME: Robert A. Guerra
ADDRESS: 32938 Gregory Ln
CITY: LAKE ELSINORE CA 92530
STATE & ZIP: LAKE ELSINORE CA 92530

NAME: Robert A. Guerra
ADDRESS: 32938 Gregory Ln
CITY: LAKE ELSINORE CA 92530
STATE & ZIP: LAKE ELSINORE CA 92530
Title Order No. A2954-12

| S | R | U | PAGE | SIZE | DA | MISC | LONG | RFD | COPY |
|---|---|---|------|------|------|-------|------|------|------|
| 1 | | | 3 | | | | | | |
| M | A | L | 465 | 426 | PCOR | NICOR | SMF | NCHG | EXAM |
| | | | | | T: | | CTY | UNI | 022 |

QUITCLAIM DEED

The undersigned grantor(s) declares(s) that the documentary transfer tax is ^{Exempt Rev. & TAX Code Sec 11921} and is 15 -

- Computed on the full value of the interest or property conveyed, or is
- Computed on the full value less the value of liens or encumbrances remaining at time of sale.
- Unincorporated area of:

City of: LAKE ELSINORE and

T 044

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

JACQUELINE GUERRA, TRUSTEE OF THE JACQUELINE GUERRA TRUST ^{DATED NOV 26, 2000} hereby REMISE(S), RELEASE(S) AND FOREVER QUITCLAIM(S) to

Robert A. Guerra, AN UNMARRIED MAN

the following described real property in the County of: Riverside

State of: CALIFORNIA

ASSessor: Lot 7 MB 011/095 DOME HILL ACRES
Dated: PARCEL: 371221052-1

Dated:

STATE OF:

COUNTY OF:

}SS

4-11-08

On _____ before me, the undersigned, a Notary Public in and for State, personally appeared

Jacqueline Guerra
Jacqueline Guerra

personally known to me or 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

THIS DOCUMENT IS FILED FOR RECORD BY TICOR TITLE INS. CO. AS AN ACCOMMODATION ONLY. IT HAS NOT BEEN EXAMINED AS TO ITS EXECUTION OR AS TO ITS EFFECT UPON THE TITLE.

(This area for official notary seal)

Signature _____

MAIL TAX STATEMENTS AS DIRECTED ABOVE

California All-Purpose Acknowledgment as of 1/1/08

State of California)
County of Orange)

On APR. 11, 08 before me, Elizabeth Joyce, Notary Public
a Notary Public in and for said State, personally appeared,
Es Jacqueline Guerra Es

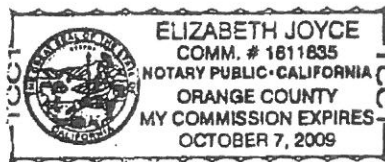
(who proved to me the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

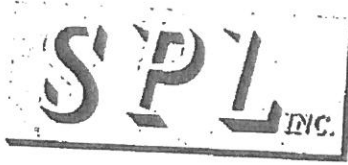
I certify under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Area for Notary Seal)





Government Code 27361.7

Under the provisions of Government Code 27361.7, I certify under the penalty of perjury that the following is a true copy of illegible wording found in the attached document:

acted, executed this instrument.
This Document is filed for

Place of Execution : Riverside

SPL, Inc. as agent

[Signature]
Signature

Date: 4.23.08



Controller Betty T. Yee

California State Controller's Office

Unclaimed Property Division

Declaration Under Probate Code Section 13101

The undersigned, each for himself or herself and not for the others, declare:

- That Robert Anthony Guerra [Name of Decedent], hereinafter "Decedent," died in the City of Menet, County of Riverside, State of CALIFORNIA on 9-13, 2011.
- At least 40 days have elapsed since the death of Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.
- Check one of the following appropriate boxes.
 - No proceeding is now being or has been conducted in California for administration of the Decedent's estate.
 - The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
- The current gross fair market value of the decedent's real and personal property in California, excluding the property described in section 13050 of the California Probate Code, does not exceed \$ _____ . (See instructions under Section 4 for amount.)
- The unclaimed property identification (PID) number(s) of the Decedent which is/are to be paid, transferred or delivered by the California State Controller's Office to the declarant pursuant to this declaration is identified below. Attach a list of the PIDs if extra space is required. _____
- Check one of the following appropriate boxes, and, if applicable, fill in the blank.
 - The declarant(s) is/are the successor(s) of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property.
 - The declarant(s) is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the Decedent (as defined in Section 13006 of the California Probate Code) with respect to the Decedent's interest in the described property.
 The name of the successor of the Decedent is: _____
- No other person has a superior right to the interest of the Decedent in the described property.
- The declarants request that the described property be paid, delivered, or transferred to the declarants.
- I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this form and any accompanying documents are true and correct, with full knowledge that all statements are subject to investigation and that any false or dishonest statement may be grounds for denial of the claim submitted.

Jacqueline Guerra Signature JACQUELINE GUERRA Name [Print or Type] 6-3-2020 Date:

Signature Name [Print or Type] Date:

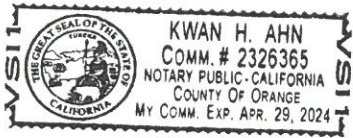
Signature Name [Print or Type] Date:

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.

https://sco.ca.gov/upd_form_claim.html

Rev. 1/2020

State of California
 County of Orange
 CALIFORNIA JURAT
 Subscribed and sworn to (or affirmed) before me on this 20th day of July, 2020 by Jacqueline Guerra,
 proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



[Signature]
 Notary Public

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK/INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
(VS-1 (REV. 3/06))

3201133009866

| | | | |
|---|--|---|--|
| STATE FILE NUMBER | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT - FIRST (Given) ROBERT | | 3. LAST (Family) GUERRA | |
| 2. MIDDLE ANTHONY | | 4. DATE OF BIRTH mm/dd/yyyy 10/14/1943 | |
| AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST) --- | | 5. AGE Yrs. 67 <small>IF UNDER ONE YEAR: Months: _____ Days: _____</small> <small>IF UNDER 24 HOURS: Hours: _____ Minutes: _____</small> | |
| 6. BIRTH STATE/FOREIGN COUNTRY CA | | 8. SEX M | |
| 10. SOCIAL SECURITY NUMBER [REDACTED] | | 12. MARITAL STATUS/PROP (at time of death) DIVORCED | |
| 11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | | 7. DATE OF DEATH mm/dd/yyyy 09/13/2011 | |
| 13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN | |
| 14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES MEXICAN | | 8. HOUR (24 Hour) 2215 | |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED OWNER | | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TRANSPORTATION | |
| 19. YEARS IN OCCUPATION 5 | | 20. DECEDENT'S RESIDENCE (Street and number, or location) 10801 KERN AVE | |
| 21. CITY HESPERIA | | 22. COUNTY/PROVINCE SAN BERNARDINO | |
| 23. ZIP CODE 92345 | | 24. YEARS IN COUNTY 2 | |
| 25. STATE/FOREIGN COUNTRY CA | | 26. INFORMANT'S NAME, RELATIONSHIP AUDREY EASLEY, DAUGHTER | |
| 27. INFORMANT'S ADDRESS (Street and number, or location) 10801 KERN AVE, HESPERIA, CA 92345 | | 28. NAME OF SURVIVING SPOUSE/PROP - FIRST - | |
| 29. MIDDLE - | | 30. LAST (BIRTH NAME) - | |
| 31. NAME OF FATHER/PARENT - FIRST ROBERT | | 32. MIDDLE - | |
| 33. LAST GUERRA | | 34. BIRTH STATE NM | |
| 35. NAME OF MOTHER/PARENT - FIRST GRACE | | 36. MIDDLE - | |
| 37. LAST (BIRTH NAME) MORENTIN | | 38. BIRTH STATE CA | |
| 39. DISPOSITION DATE mm/dd/yyyy 09/23/2011 | | 40. PLACE OF FINAL DISPOSITION RESURRECTION CEMETERY 966 N POTRERO GRANDE DR, MONTEBELLO, CA 90640 | |
| 41. TYPE OF DISPOSITION(S) BURIAL | | 42. SIGNATURE OF EMBALMER APRIL ADAIR | |
| 43. NAME OF FUNERAL ESTABLISHMENT CALVARY MORTUARY | | 44. LICENSE NUMBER FD1681 | |
| 45. SIGNATURE OF LOCAL REGISTRAR ERIC K. FRYKMAN, M.D. | | 46. DATE mm/dd/yyyy 09/22/2011 | |
| 101. PLACE OF DEATH HEMET VALLEY MEDICAL CENTER | | 102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other | |
| 104. COUNTY RIVERSIDE | | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1117 EAST DEVONSHIRE AVE | |
| 106. CITY HEMET | | 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 vascular obstruction without showing the etiology. DO NOT ABBREVIATE. ACUTE CARDIO RESPIRATORY ARREST | |
| 108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | Time Interval Between Onset and Death (A) HRS (B) DAY (C) YRS (D) YRS | |
| 109. BIOPSY 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 RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 SEPSIS | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO | | 113A. IF FEMALE, PREGNANT IN LAST YEAR? <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. Decedent Attended Since: _____ Decedent Last Seen Alive: _____ | | 115. SIGNATURE AND TITLE OF CERTIFIER SANYASI R GANTA M.D. | |
| 116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SANYASI R GANTA M.D. 42212 BANCROFT WAY, HEMET, CA 92544 | | 117. LICENSE NUMBER A70985 | |
| 118. DATE mm/dd/yyyy 01/22/2010 | | 119. DATE mm/dd/yyyy 09/13/2011 | |
| 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 | | 127. DATE mm/dd/yyyy | |
| 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER | | 129. SIGNATURE OF CORONER / DEPUTY CORONER | |
| STATE REGISTRAR | | FAX AUTH# | |
| A B C D E | | CENSUS TRACT | |

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE



This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Assessor-County Clerk-Recorder.

AUG 10 2020

DATE ISSUED

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

Peter Aldana
PETER ALDANA
ASSESSOR-COUNTY CLERK-RECORDER
RIVERSIDE COUNTY, CALIFORNIA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CARIVERS02



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

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 214 Item 155 Assessment Number: 371221052-1

Assessee: GUERRA ROBERT A ESTATE OF

Situs:

Date Sold: June 4, 2019

Date Deed to Purchaser Recorded: August 13, 2019

Final Date to Submit Claim: August 13, 2020

RECEIVED
2020 FEB 21 PM 3:12
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

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

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 2 day of Feb, 17, 2020 at Riverside, CA
Seventeenth, 2020 County, State

[Signature]
Signature of Claimant

Signature of Claimant

Brandy Guerra
Print Name

Print Name

16038 Grand Avenue
Street Address

Street Address

Lake Elsinore, California 92530
City, State, Zip

City, State, Zip

951-385-6477
Phone Number

Phone Number

BrandyGuerra@gmail.com
Email Address

Email Address

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME Robert A. Guerra
ADDRESS 32938 Gregory Ln
CITY LAKE ELSINORE CA 92530
STATE & ZIP

MAIL TAX STATEMENTS TO
NAME Robert A. Guerra
ADDRESS 32938 Gregory Ln
CITY LAKE ELSINORE CA 92530
STATE & ZIP

Title Order No. A2954-12

DOC # 2008-0201768

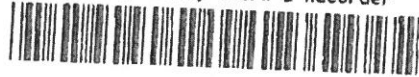
04/23/2008 08:00A Fee: 15.00

Page 1 of 3

Recorded in Official Records
County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



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| | | | | | T | | CTY | UNI | 022 |

QUITCLAIM DEED

The undersigned grantor(s) declares(s) that the documentary transfer tax is EXEMPT REV. & TAX CODE SEC 11921 and is 15

- Computed on the full value of the interest or property conveyed, or is
- Computed on the full value less the value of liens or encumbrances remaining at time of sale.
- Unincorporated area of:

City of: LAKE ELSINORE and

T
044

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged.
JACQUELINE GUERRA, Trustee of the JACQUELINE GUERRA TRUST
hereby REMISE(S), RELEASE(S) AND FOREVER QUITCLAIM(S) to
DATED NOV 26, 2008
Robert A. GUERRA, AN UNMARRIED MAN

the following described real property in the
County of: Riverside

State of: CALIFORNIA

ASSESSOR PARCEL: Lot 7 MB 011/095 Rome Hill ACRES
371221052-1

Dated:

STATE OF:

COUNTY OF:

}ss

4-11-08

On _____ before me, the undersigned, a Notary Public in and for State, personally appeared

Jacqueline Guerra
Jacqueline Guerra

personally known to me or 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

THIS DOCUMENT IS FILED FOR RECORD BY TICOR TITLE INS. CO. AS AN ACCOMMODATION ONLY. IT HAS NOT BEEN EXAMINED AS TO ITS EXECUTION OR AS TO ITS EFFECT UPON THE TITLE.

(This area for official notary seal)

Signature _____

MAIL TAX STATEMENTS AS DIRECTED ABOVE

California All-Purpose Acknowledgment as of 1/1/08

State of California)

County of Orange)

On APR. 11, 08 before me, Elizabeth Joyce, Notary Public
a Notary Public in and for said State, personally appeared,
Jaqueline Guerra EJ

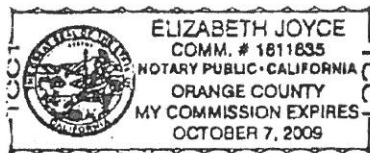
(who proved to me the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), 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 _____

(Area for Notary Seal)





Government Code 27361.7

Under the provisions of Government Code 27361.7, I certify under the penalty of perjury that the following is a true copy of illegible wording found in the attached document:

acted, executed this instrument.

This Document is filed for

Place of Execution : Riverside

SPL, Inc. as agent


Signature

Date: 4.23.08



Controller Betty T. Yee
 California State Controller's Office
 Unclaimed Property Division

Declaration Under Probate Code Section 13101

The undersigned, each for himself or herself and not for the others, declare:

- That Robert A Guerra [Name of Decedent], hereinafter "Decedent," died in the City of Hemet, County of Riverside, State of California on 9-13, 2011.
- At least 40 days have elapsed since the death of Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.
- Check one of the following appropriate boxes.
 - No proceeding is now being or has been conducted in California for administration of the Decedent's estate.
 - The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
- The current gross fair market value of the decedent's real and personal property in California, excluding the property described in section 13050 of the California Probate Code, does not exceed \$72,247. (See instructions under Section 4 for amount.)
- The unclaimed property identification (PID) number(s) of the Decedent which is/are to be paid, transferred or delivered by the California State Controller's Office to the declarant pursuant to this declaration is identified below. Attach a list of the PIDs if extra space is required. 371221052-1
- Check one of the following appropriate boxes, and, if applicable, fill in the blank.
 - The declarant(s) is/are the successor(s) of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property.
 - The declarant(s) is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the Decedent (as defined in Section 13006 of the California Probate Code) with respect to the Decedent's interest in the described property.

The name of the successor of the Decedent is: _____
- No other person has a superior right to the interest of the Decedent in the described property.
- The declarants request that the described property be paid, delivered, or transferred to the declarants.
- I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this form and any accompanying documents are true and correct, with full knowledge that all statements are subject to investigation and that any false or dishonest statement may be grounds for denial of the claim submitted.

| | | |
|-----------|---|----------------------|
| Signature | Name [Print or Type] <u>Brandy Guerra</u> | Date: <u>4-10-20</u> |
| Signature | Name [Print or Type] | Date: |
| Signature | Name [Print or Type] | Date: |

ALL PURPOSE ACKNOWLEDGMENT

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 } SS
County of Riverside } SS

On April 10, 2020 before me, Heidi M. Harbin
personally appeared, Brandyn May Guerra (here insert name and title of the officer)

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 is true and correct.

WITNESS my hand and official seal

Signature Heidi M. Harbin



(Place Notary Seal Above)

OPTIONAL

Through this section is optional, completing this form 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: Unclaimed Property Document Date: 4/10/20

Number of Pages: 1 Signer(s) other than Named Above: n/a

Capacity(ies) Claimed by Signer(s)

Signer's Name:

Signer's Name:

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

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

Signer is Representing:

Signer is Representing:

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA
CERTIFICATE OF DEATH

3201133009886

| | | | | | |
|---|--|--|--|--|--|
| STATE FILE NUMBER | | USE BLACK INK ONLY / NO ERASURES, WHITOUTS OR ALTERATIONS VS-1 (REV. 3/02) | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT - FIRST (Given) ROBERT | | 2. MIDDLE ANTHONY | | 3. LAST (Family) GUERRA | |
| 4. DATE OF BIRTH mm/dd/yyyy 10/14/1943 | | 5. AGE Yrs. 67 | | 6. SEX M | |
| 9. BIRTH STATE/FOREIGN COUNTRY CA | | 11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | | 12. MARITAL STATUS/SRDP* (at Time of Death) DIVORCED | |
| 13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE | | 14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES MEXICAN <input type="checkbox"/> NO | | 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN | |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED OWNER | | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TRANSPORTATION | | 19. YEARS IN OCCUPATION 5 | |
| 20. DECEDENT'S RESIDENCE (Street and number, or location) 10801 KERN AVE | | | | | |
| 21. CITY HESPERIA | | 22. COUNTY/PROVINCE SAN BERNARDINO | | 23. ZIP CODE 92345 | |
| 24. YEARS IN COUNTY 2 | | 25. STATE/FOREIGN COUNTRY CA | | | |
| 26. INFORMANT'S NAME, RELATIONSHIP AUDREY BASLEY, DAUGHTER | | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 10801 KERN AVE, HESPERIA, CA 92345 | | | |
| 28. NAME OF SURVIVING SPOUSE/SRDP - FIRST - | | 29. MIDDLE - | | 30. LAST (BIRTH NAME) - | |
| 31. NAME OF FATHER/PARENT - FIRST ROBERT | | 32. MIDDLE - | | 33. LAST GUERRA | |
| 34. BIRTH STATE NM | | 35. NAME OF MOTHER/PARENT - FIRST GRACE | | 36. MIDDLE - | |
| 37. LAST (BIRTH NAME) MORENTIN | | 38. BIRTH STATE CA | | | |
| 39. DISPOSITION DATE mm/dd/yyyy 09/23/2011 | | 40. PLACE OF FINAL DISPOSITION RESURRECTION CEMETERY 966 N POTRERO GRANDE DR, MONTEBELLO, CA 90640 | | | |
| 41. TYPE OF DISPOSITION(S) BURIAL | | 42. SIGNATURE OF EMBALMER APRIL ADAIR | | 43. LICENSE NUMBER EMB8916 | |
| 44. NAME OF FUNERAL ESTABLISHMENT CALVARY MORTUARY | | 45. LICENSE NUMBER FD1681 | | 46. SIGNATURE OF LOCAL REGISTRAR ERIC K. FRYKMAN, M.D. | |
| 47. DATE mm/dd/yyyy 09/22/2011 | | | | | |
| 101. PLACE OF DEATH HEMET VALLEY MEDICAL CENTER | | 102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other | | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other | |
| 104. COUNTY RIVERSIDE | | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1117 EAST DEVONSHIRE AVE | | 106. CITY HEMET | |
| 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, respiration arrest, or venous thrombosis without showing the etiology. DO NOT ABBREVIATE. ACUTE CARDIO RESPIRATORY ARREST | | 108. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) ACUTE CARDIO RESPIRATORY ARREST | | 110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| Sequentially list conditions, if any, leading to cause on Line A. GIVE UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST PNEUMONIA CEREBROVASCULAR ACCIDENT DIABETES MELLITUS TYPE II | | 112. 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 SEPSIS | | | | | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO | | | | | |
| 114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT 7:30 HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since: mm/dd/yyyy 01/22/2010 | | 115. SIGNATURE AND TITLE OF CERTIFIER SANYASI R. GANTA, M.D. | | 116. LICENSE NUMBER A70985 | |
| Decedent Last Seen Alive: mm/dd/yyyy 09/13/2011 | | 117. DATE mm/dd/yyyy 09/21/2011 | | | |
| 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SANYASI R. GANTA, M.D. 42212 BANCROFT WAY, HEMET, CA 92544 | | | | | |
| 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED 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 | | 120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | 121. INJURY DATE mm/dd/yyyy | |
| 122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) | | 122. HOUR (24-Hour) | | | |
| 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 | | 010001001876661 | | | |



CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Assessor-County Clerk-Recorder.

DATE ISSUED

JUL 18 2012

This copy is not valid unless prepared on engraved border displaying date, seal and signature of the Assessor-County Clerk-Recorder.

Larry W. Ward
LARRY W. WARD
 ASSESSOR-COUNTY CLERK-RECORDER
 RIVERSIDE COUNTY, CALIFORNIA

PS-001 (Rev. 8/12)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

