

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



ITEM: 19.16
(ID # 23010)

MEETING DATE:
Tuesday, February 27, 2024

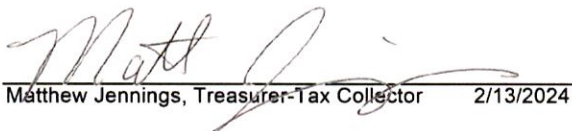
FROM : TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 215, Item 1277. Last assessed to: Gloria J. Hogan, an Unmarried Woman. District 2. [\$10,420-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Asset Recovery Inc., Assignee for Marchette Hogan-McCullough, heir to the estate of Gloria J. Hogan, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 378241007; and
2. Authorize and direct the Auditor-Controller to issue a warrant to Asset Recovery Inc., Assignee for Marchette Hogan-McCullough, heir to the estate of Gloria J. Hogan in the amount of \$10,420.94, 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	\$10,420	\$ 0	\$10,420	\$ 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 May 05, 2020 public auction sale. The deed conveying title to the purchasers at the auction was recorded July 15, 2020. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on July 24, 2020, 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 Asset Recovery Inc., Assignee for Marchette Hogan-McCullough, heir to the estate of Gloria J. Hogan based on an Assignment of Rights to Collect Excess Proceeds notarized May 12, 2020, a Grant Deed recorded November 06, 2006 as Instrument No. 2006-0816787, an Affidavit for Collection of Personal Property California Probate Code Section 13100 notarized May 12, 2020 and a Certificate of Death for Gloria Jean Hogan.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Asset Recovery Inc., Assignee for Marchette Hogan-McCullough, heir to the estate of Gloria J. Hogan be awarded excess proceeds in the amount of \$10,420.94. 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 heir 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 Asset


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)

RECEIVED
2020 SEP 28 AM 9:20
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 215 Item 1277 Parcel Identification Number: 378241007

Assessee: HOGAN, GLORIA J

Situs:

Date Sold: May 5, 2020

Date Deed to Purchaser Recorded: July 15, 2020

Final Date to Submit Claim: July 15, 2021

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$11,279.00 from the sale of the above mentioned real property. I/We were the lienholder(s), Assignee of 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. 2006-0816787; recorded on 11/6/2006. 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.

Assignment of Rights, Photo ID, Death Certificate,
California Small Estate Affidavit, Grant Deed

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 29th day of August, 2020 at Denver, CO 80202
County, State

[Signature]
Signature of Claimant

Signature of Claimant

John Fox - Managing Director
Print Name
Asset Recovery Inc.
910 16th St. Suite 624
Street Address

Print Name

Street Address

Denver, CO 80202
City, State, Zip

City, State, Zip

303-454-3707
Phone Number

Phone Number

State of CO, County of Denver
Signed before me on this 29 day
of August, 2020 by John Fox
Notary Public

ANH-KHOA NGUYEN THAN
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20194004384
MY COMMISSION EXPIRES FEBRUARY 4, 2023

TO: OFFICE OF THE COUNTY TREASURER AND TAX COLLECTOR

**ASSIGNMENT OF RIGHTS TO CLAIM EXCESS PROCEEDS FROM
SALE OF TAX-DEFAULTED PROPERTY**

For valuable consideration, the undersigned Assignor(s) Marchette Hogan-McCullough hereby assigns to Assignee(s) Asset Recovery Inc., all rights, title and interest to collect 100 % of the excess proceeds which I am entitled to claim for the property which was sold at the Riverside County, California, public auction of tax-defaulted property, held on 5th day of May 2020, and described as parcel number 378-241-007.

As the Assignor(s), I understand the amount of the excess proceeds eligible for distribution is \$ 11,279.00, and as a party of interest I am entitled to \$ up to \$11,279.00.

Dated this 12th day of May.

Marchette Hogan-McCullough
Signature

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 May 12, 2020 before me, Mark J. Baker, notary public personally appeared Marchette Hogan-McCullough, 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
Mark J. Baker
Signature



(Seal)

DECLARATION

I, Assignor(s) Marchette Hogan-McCullough Declare the following to be true and correct with respect to my assignment of rights to claim excess proceeds to Assignee(s) Asset Recovery Inc for Parcel Number 378-241-007 from the public auction of tax-defaulted property held on 5th day of May 2020, in Riverside County, California.

We have been advised of our right to file a claim for excess proceeds on our behalf. The parties have disclosed all facts to each other that each is aware of regarding the value of the rights being assigned as required by California Revenue and Taxation Code, Section 4675.

We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date 05/12/2020 Signature Marchette Hogan-McCullough

Name (print) MARChette Hogan-McCullough Address 652 Ed. Hb Way

City/State/zip Code Long Beach, CA 90807 Phone (213) 300-6965

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO:
GLORIA J. HOGAN
5326 KENISTON AVENUE
LOS ANGELES, CA 90043



S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
			1						3
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM 014

A.P.N.: 378-241-007- 2

Order No.:

Escrow No.:

GRANT DEED

10



THE UNDERSIGNED GRANTOR(s) DECLARE(s) THAT DOCUMENTARY TRANSFER TAX IS: COUNTY \$ 0

- computed on full value of property conveyed, or
- computed on full value less value of liens or encumbrances remaining at time of sale,
- unincorporated area; County of Riverside, and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
ELEANOR HARDWARE

hereby GRANT(s) to **GLORIA J. HOGAN, an Unmarried Woman**

This is a bonafide gift and the Grantor received nothing in return, R&T 1911.

the following described property in County of **RIVERSIDE** State of California:

Lot 25, Unit A, Country Club Heights, as per Map recorded in Book 16, Pages 59 to 61, inclusive of Maps, in the office of the County Recorder of said County.

Eleanor Hardware

ELEANOR HARDWARE

Document Date: October 21, 2005

STATE OF CALIFORNIA)
COUNTY OF Los Angeles) SS

On October 21, 2005 before me, Zachary Tyler Fulmore, Notary Public
personally appeared Eleanor Hardware

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.

Signature: _____



This area for official notarial seal.

Mail Tax Statements to: **SAME AS ABOVE** or Address Noted Below

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052012008400

CERTIFICATE OF DEATH

3201219001817

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ENCLAVES, WHITEOUTS OR ALTERATIONS 15-1 (REV. 3/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) GLORIA		2. MIDDLE JEAN		3. LAST (Family) HOGAN	
4. DATE OF BIRTH mm/dd/yyyy 03/07/1929		5. AGE Yrs. 82		6. SEX F	
8. BIRTH STATE/FOREIGN COUNTRY LA		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SROP (at Time of Death) WIDOWED	
13. EDUCATION - Highest Level/Degree (See worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back)) BLACK	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ASSISTANT BUYER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION		19. YEARS IN OCCUPATION 30	
20. DECEDENT'S RESIDENCE (Street and number, or location) 5326 KENISTON AVENUE					
21. CITY LOS ANGELES		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 90043	
24. YEARS IN COUNTY 55		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP MARCHETTE L. HOGAN-MCCULLOUGH, DTR			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 5103 ONAKNOLL AVENUE, LOS ANGELES, CA 90043		
28. NAME OF SURVIVING SPOUSE/SROP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST DONALD		32. MIDDLE VAN		33. LAST FULGHEM	
34. BIRTH STATE LA		35. NAME OF MOTHER/PARENT - FIRST ELEANOR		36. MIDDLE -	
37. LAST (BIRTH NAME) HARDWARE		38. BIRTH STATE LA		39. BIRTH STATE LA	
38. DEPOSITION DATE mm/dd/yyyy 01/23/2012		40. PLACE OF FINAL DISPOSITION HOLY CROSS CEMETERY 5835 WEST SLAUSON AVENUE, CULVER CITY, CA 90230			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER JERI MCWILLIAMS		43. LICENSE NUMBER EMB8163	
44. NAME OF FUNERAL ESTABLISHMENT HARRISON-ROSS MORTUARY		45. LICENSE NUMBER -		46. SIGNATURE OF LOCAL REGISTRAR JONATHAN FIELDING, MD	
47. DATE mm/dd/yyyy 01/19/2012					
101. PLACE OF DEATH WILSHIRE VISTA MANOR		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Doctor's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Crematorium <input type="checkbox"/> Burial <input type="checkbox"/> Other	
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1015 SOUTH ORANGE GROVE AVENUE		106. CITY LOS ANGELES	
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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIOPULMONARY ARREST Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (C) END STAGE ALZHEIMER'S DEMENTIA		108. THIS INTERNAL DEATH REPORT (Dated and Signed) (A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (B) MIN (C) MOS (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		109. COSSH REPORTED TO CORONER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 110. BIOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 111. AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 112. USED IN DETERMINING CAUSE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING 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. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" 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: _____ (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER ATUL AGGARWAL M.D.		116. LICENSE NUMBER 01/18/2012	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ATUL AGGARWAL M.D. 2925 N SYCAMORE DR STE 302B, SIMI VALLEY, CA 93065					
118. 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 <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. INJURY DATE mm/dd/yyyy	
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)					
125. 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		"010001001968687"			

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.

* H D 2 6 9 8 7 4 4 *

Jonathan E. Fielding MD DATE ISSUED
01 16

Director of Public Health and Registrar

FEB - 8 2012

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



Affidavit for Collection of Personal Property
California Probate Code Section 13100

The undersigned state(s) as follows:

1. Gloria Jean Hogan died on January 16, 2012, in the County of Riverside, State of California.

2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.

3. No proceeding is now being or has been conducted in California for administration of the decedent's estate.

OR

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.

4. 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 one hundred fifty thousand dollars (\$150,000).

5. An inventory and appraisal of the real property included in the decedent's estate is attached.
 There is no real property in the estate.

6. The following property to be transferred, delivered, or paid to the affiant under the provisions of California Probate Code section 13100:
Excess proceeds resulting from tax sale of property located at Lake Elsinore CA 92530

7. The successor(s) of the decedent, as defined in Probate Code Section 13006 is/are:
Marchette Hogan (only child/heir of deceased)

8. The undersigned

The affiant or declarant is the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.

The affiant or declarant is 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.

9. No other person has a superior right to the interest of the decedent in the described property.

10. The affiant or declarant requests that the described property be paid, delivered, or transferred to the affiant or declarant.

The affiant or declarant affirms or declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: 05-12-2020

Signed: 

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

County of Los Angeles

On May 12, 2020 before me, Mark J. Baker, Notary Public
(insert name and title of the officer)

personally appeared Marchette Hogan-McCullough 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



(Seal)

