

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



ITEM: 19.31  
(ID # 23260)

MEETING DATE:  
Tuesday, February 27, 2024

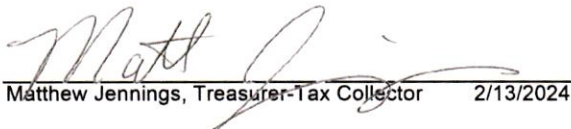
**FROM :** TREASURER-TAX COLLECTOR:

**SUBJECT:** TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 215, Item 1821. Last assessed to: Dov Grajcer, and Unmarried Man and Becky Broughton, an Unmarried Woman as Joint Tenants. District 4. [\$11,755-Fund 65595 Excess Proceeds from Tax Sale]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve the claim from Asset Recovery, Inc., Assignee for Becky Broughton, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 725062002; and,
2. Authorize and direct the Auditor-Controller to issue a warrant to Asset Recovery, Inc., Assignee for Becky Broughton in the amount of \$11,755.77 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

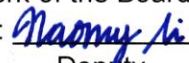
  
Matthew Jennings, Treasurer-Tax Collector 2/13/2024

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**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**

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$ 11,755	\$ 0	\$ 11,755	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.</b>			<b>Budget Adjustment:</b>	N/A
			<b>For Fiscal Year:</b>	23/24

**C.E.O. RECOMMENDATION:** Approve

**BACKGROUND:**

**Summary**

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, the Tax Collector conducted the May 5, 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 Becky Broughton based on an Assignment of Rights to Claim Excess Proceeds from Sale of Tax-Defaulted Property notarized February 27, 2021, a Grant Deed recorded July 24, 2001 as Instrument No. 2001-341923, and a Certificate of Death for Dov Grajcer.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Asset Recovery, Inc., Assignee for Becky Broughton be awarded excess proceeds in the amount of \$11,755.77. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimant by certified mail.

**Impact on Residents and Businesses**

Excess proceeds will be released to the last assessee of the property.

**ATTACHMENTS (if any, in this order):**

**ATTACHMENT A. Claim Asset**

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

*Cesar Bernal*  
Cesar Bernal, PRINCIPAL MGMT ANALYST 2/16/2024

*Aaron Gettis*  
Aaron Gettis, Deputy County Counsel 11/1/2023

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

RECEIVED

To: Matthew Jennings, Treasurer-Tax Collector

2021 MAR 12 PM 12:40

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

TC 215 Item 1821 Parcel Identification Number: 725062002

Assessee: BROUGHTON, BECKY & GRAJGER, DOV

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 \$ 13,778 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. 2001-341923; recorded on 7-24-2001. 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 Interest Photo ID, Joint Tenants Deed, Death Certificate

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 8th day of March, 2021 at Denver CO  
County, State

[Signature]  
Signature of Claimant

\_\_\_\_\_  
Signature of Claimant

John Fox - Managing Director  
Print Name Asset Recovery Inc.

\_\_\_\_\_  
Print Name

910 16th St. Suite 624  
Street Address

\_\_\_\_\_  
Street Address

Denver, CO 80202  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

303-454-3707  
Phone Number

\_\_\_\_\_  
Phone Number



**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) Becky Broughton 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 5<sup>th</sup> day of May 2020, and described as parcel number 725-062-002.

As the Assignor(s), I understand the amount of the excess proceeds eligible for distribution is \$ 13,778.00, and as a party of interest I am entitled to \$ 13,778.00.

Dated this 27<sup>th</sup> day of February 2021, Becky Broughton  
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 RIVERSIDE

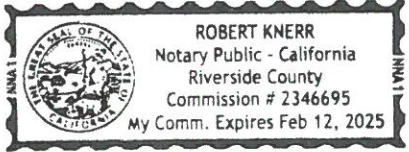
On February 27, 2020 before me, Robert Knerr, Notary Public personally

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

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

[Signature]  
Signature



(Seal)

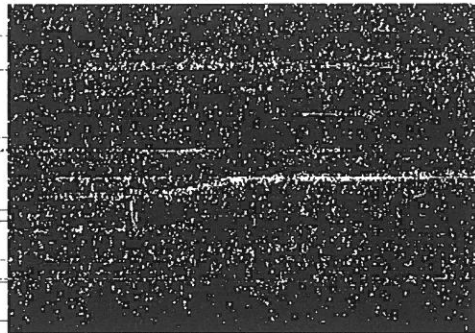
**DECLARATION**

I, Assignor(s) Becky Broughton 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 725-062-002 from the public auction of tax-defaulted property held on 5<sup>th</sup> day of 5/2020, 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 February 27 2021 Signature Becky Broughton  
Name (print) Becky Broughton Address 42215 Washington St Ste #16 Palm Desert CA 92211  
City/State/zip Code Palm Desert CA 92254 Phone ( 760 ) 636-8402

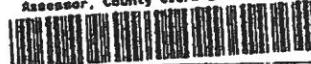


5244653-40

**AMERICAN TITLE**  
SAN DIEGO OFFICE  
RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO:  
DOV GRAJER  
BECKY BROUGHTON  
P.O. BOX 157  
MECCA, CA 92254

**DOC # 2001-341923**  
07/24/2001 08:00R Fee: 28.88  
Page 1 of 1 Doc Tax Paid  
Recorded in Official Records  
County of Riverside  
Gary L. Grop  
Assessor, County Clerk & Recorder



TR	SA	MA	PA	SO	LA	PO	NO	SM	MS
A	B	C	COPY		LONG	REFUG	ACPO	E-MAIL	

A.P.N.: TRA # OSF-017 Order No.: 5244653-40 Escrow No.: 01-1870-DS

725-061-003, 725-071-001  
725-062-002, 004 **GRANT DEED**

THE UNDERSIGNED GRANTOR(S) DECLARE(S) THAT DOCUMENTARY TRANSFER TAX IS, COUNTY \$17.05,  
 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:  City of \_\_\_\_\_ and \_\_\_\_\_

FOR A VALUABLE CONSIDERATION, Receipt of which is hereby acknowledged,  
CYNTHIA TRUTNA, a Married Woman as her Sole and Separate Property  
hereby GRANT(S) to DOV GRAJER, an Unmarried Man and BECKY BROUGHTON, an Unmarried Woman as  
Joint Tenants

the following described property in the City of \_\_\_\_\_ County of Riverside State of California:

**LOTS 2,4,21 & 30 OF PALM ISLAND ESTATES I, AS PER MAP RECORDED IN BOOK 41, PAGE 72 OF MAPS  
IN THE OFFICE OF THE COUNTY RECORDER OF RIVERSIDE COUNTY, CALIFORNIA.**

*Cynthia Trutna*  
CYNTHIA TRUTNA

Document Date: July 3, 2001

STATE OF CALIFORNIA  
COUNTY OF IMPERIAL  
On July 3<sup>rd</sup> 2001 before me, Cynthia Lynn Gubanez  
personally appeared CYNTHIA TRUTNA

personally known to me and proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument  
and as acknowledged to me that she, they executed the same in her/his/their authorized capacity and that he/she/they executed the instrument  
for the purposes and consideration therein stated. I certify that the person(s) named executed the instrument.

WITNESS my hand and official seal:  
Signature: *Cynthia Lynn Gubanez*



Mail Tax Statements to SAME AS ABOVE or Address Noted Below



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF RIVERSIDE**  
**RIVERSIDE, CALIFORNIA**

3052019258762

**CERTIFICATE OF DEATH**

3201933016030

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WAX, TOUTS OR ALTERATIONS (S-11/REV 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) <b>DOV</b>		2. MIDDLE -		3. LAST (Family) <b>GRAJGER</b>	
4. DATE OF BIRTH mm/dd/ccyy <b>01/02/1926</b>		5. AGE Yrs. <b>93</b>		6. SEX <b>M</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>ISRAEL</b>		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) <b>NEVER MARRIED</b>	
13. EDUCATION—Highest Level/Degree (use worksheet on back) <b>DOCTORATE</b>		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) <b>WHITE</b>	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED <b>SCIENTIST</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>BIOLOGICAL RESEARCH</b>		19. YEARS IN OCCUPATION <b>65</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>96493 HIGHWAY 111</b>					
21. CITY <b>MECCA</b>		22. COUNTY/PROVINCE <b>RIVERSIDE</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>	
26. INFORMANT'S NAME, RELATIONSHIP <b>REBECCA BROUGHTON, COMPANION</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>96493 HIGHWAY 111, MECCA, CA 92254</b>			
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT—FIRST <b>HYAM</b>		32. MIDDLE -		33. LAST <b>GREITZER</b>	
34. BIRTH STATE <b>POLAND</b>		35. NAME OF MOTHER/PARENT—FIRST <b>BATIA</b>		36. MIDDLE -	
37. LAST (BIRTH NAME) <b>KAGAN</b>		38. BIRTH STATE <b>LATVIA</b>			
39. DISPOSITION DATE mm/dd/ccyy <b>12/26/2019</b>		40. PLACE OF FINAL DISPOSITION <b>SCHARA TZEDECK CEMETERY 2345 MARINE DRIVE, NEW WESTMINSTER, B.C., V3M6R8 CANADA</b>			
41. TYPE OF DISPOSITION(S) <b>TR/BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT <b>FOREST LAWN MEMORIAL-PARKS &amp; MORTUARIES</b>		45. SIGNATURE OF LOCAL REGISTRAR <b>CAMERON KAISER, MD</b>		47. DATE mm/dd/ccyy <b>12/26/2019</b>	
101. PLACE OF DEATH <b>RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>RIVERSIDE</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>96493 HIGHWAY 111</b>		106. CITY <b>MECCA</b>	
107. CAUSE OF DEATH Enter the chain of events—diseases, injuries, or complications—that directly caused death. DO NOT enter terminal events, such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>(A) END STAGE CARDIAC DISEASE</b> <b>(B) ATRIAL FIBRILLATION</b> <b>(C) AORTIC STENOSIS</b>		Time Interval Between Onset and Death (AT) <b>YEAR 2019-15454</b> (BT) <b>YEARS</b> (CT) <b>YEARS</b> (DT)		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 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 <b>NONE</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>				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 <b>PETER MICHAEL M. KADILE, D.O.</b>		116. LICENSE NUMBER <b>12/26/2019</b>	
117. DATE mm/dd/ccyy <b>06/-/2018</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>PETER MICHAEL M. KADILE, D.O. 777 EAST TAHQUITZ CANYON WAY SUITE 301, PALM SPRINGS, CA 92262</b>			
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/ccyy	
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/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		"010001004400495"			

**CERTIFIED COPY OF VITAL RECORD**

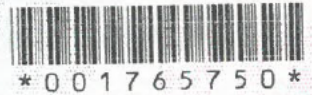
STATE OF CALIFORNIA }  
 COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.

DATE ISSUED **Dec 26, 2019**

*Cameron Kaiser*  
 Dr. Cameron Kaiser, M.D., County Health Officer  
 RIVERSIDE COUNTY, CALIFORNIA

This copy is not valid unless prepared on an engraved border, displaying the date, seal, and signature of the Registrar.  
 PSNCO (02-1) 0518



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE