

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



**ITEM: 19.10
(ID # 23008)**

MEETING DATE:
Tuesday, March 19, 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 1329. Last assessed to: Harold Clayton Lawson and Jacqueline Aline Lawson, husband and wife as joint tenants. District 5. [\$40,051-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Shawn Olson, Assignee for Harold Lawson, heir to the Estate of Jaqueline Arlene Lawson AKA Jacqueline Aline Lawson, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 460055042;
2. Deny the claim from Allied Trustee Services, Agent for Mountain Shadows R.V. Resort Homeowners Association for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 460055042; and,
3. Authorize and direct the Auditor-Controller to issue a warrant to Shawn Olson, Assignee for Harold Lawson, heir to the Estate of Jaqueline Arlene Lawson AKA Jacqueline Aline Lawson in the amount of \$40,051.07, 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.

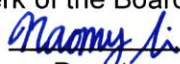
ACTION:Policy


Matthew Jennings, Treasurer-Tax Collector 3/5/2024

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Gutierrez, seconded by Supervisor Spiegel and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington and Gutierrez
Nays: None
Absent: Perez
Date: March 19, 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	\$ 40,051	\$ 0	\$ 40,051	\$ 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 two claims for excess proceeds:

1. Claim from Shawn Olson, Assignee for Harold Lawson, heir to the Estate of Jaqueline Arlene Lawson AKA Jacqueline Aline Lawson based on an Assignment of Right to Collect Excess Proceeds notarized June 9, 2021, a Grant Deed recorded December 09, 1986 as Instrument No. 1986-313130, an Affidavit for Collection of Personal Property notarized December 5, 2023, and a Certificate of Death for Jacqueline Arlene Lawson.
2. Claim from Allied Trustee Services, Agent for Mountain Shadows R.V. Resort Homeowners Association based on a Notice of Delinquent Assessment recorded January 30, 2015 as Instrument No. 2015-0038885.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Shawn Olson, Assignee for Harold Lawson, heir to the Estate of Jaqueline Arlene Lawson AKA Jacqueline Aline Lawson be awarded excess proceeds in the amount of \$40,051.07. The claim from Allied Trustee Services, Agent for Mountain Shadows R.V. Resort Homeowners Association be denied since the claimant failed to provide the required documentation to establish their claim. 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 the heir of 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 Olson

ATTACHMENT B. Claim Allied

Cesar Bernal
Cesar Bernal, PRINCIPAL MGMT ANALYST 3/7/2024

Aaron Gettis
Aaron Gettis 2/15/2024

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

To: **Matthew Jennings, Treasurer-Tax Collector**

Re: **Claim for Excess Proceeds**

TC 215

TC Item 1329 Assessment No.: 460055042

Assessee: Harold Clayton Lawson and Jacqueline Arlene Lawson (deceased).

Situs: 1295 S. Cawston Avenue, Unit 228, Hemet, CA 92545

Date Sold: May 5, 2020

Date Deed to Purchaser Recorded: July 6, 2020

Final Date to Submit Claim: July 6, 2021

RECEIVED
2021 JUN 14 PM 1:38
RIVERSIDE COUNTY
TREASURER-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$40,909 (estimated) 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. 313130; recorded on 12/9/86. 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 Right to Collect Excess Proceeds; Certified Grant Deed; Death Certificate of Jacqueline A.

Lawson; Copy of Shawn Olson's Driver's License and Business Card.

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 9th day of June, 2021 at Orange County, CA
County, State



Signature of Claimant

Signature of Claimant

Shawn M. Olson

Print Name

Print Name

7372 Prince Drive, Suite 104

Street Address

Street Address

Huntington Beach, CA 92647

City, State, Zip

City, State, Zip

714-847-2500

Phone Number

Phone Number

CALIFORNIA 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)
County of Orange)

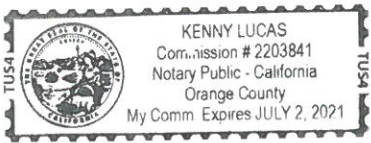
On June 9 2021 before me, Kenny Lucas, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Shawn Olson
Name(s) of Signer(s)

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

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

WITNESS my hand and official seal.



Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

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

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

To expedite processing of this claim, we would strongly suggest you use this form. For this form to be valid it must be completed in its entirety and documentation establishing the assignor's claim as a "party of interest" must be provided at the time this document is filed with the Treasurer-Tax Collector. PLEASE SEE REVERSE SIDE OF THIS DOCUMENT FOR FURTHER INSTRUCTIONS.

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to Shawn Olson my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 460055042 sold at public auction on May 5, 2020. I understand that the total of excess proceeds available for refund is \$ 40,909 estimate and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VALUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

[Signature]
(Signature of Party of Interest/Assignor)

Harold Lawson
(Name Printed)

5321 South Topaz Road
(Address)

Golden Valley, AZ 86413
(City/State/Zip)

928-715-0048
(Area Code/Telephone Number)

ARIZONA
STATE OF CALIFORNIA)ss.
COUNTY OF MOHAVE

On MAY 4th 2021, before me, Jodi Andrews, personally appeared Harold Lawson, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.
[Signature]
(Signature of Notary)



I, the undersigned, certify under penalty of perjury that I have disclosed to the party of interest (assignor), pursuant to Section 4675 of the California Revenue and Taxation Code, all facts of which I am aware relating to the value of the right he is assigning, that I have disclosed to him the full amount of excess proceeds available, and that I HAVE ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN WITHOUT ASSIGNING THAT RIGHT.

[Signature]
(Signature of Assignee)

Shawn Olson
(Name Printed)

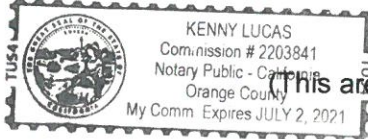
7372 Prince Drive Suite 104
(Address)

STATE OF CALIFORNIA)ss.
COUNTY OF Orange

Huntington Beach, CA 92647
(City/State/Zip)

On June 9, 2021, before me, the undersigned, a Notary Public in and for said State, personally appeared Shawn Olson, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.
[Signature]
(Signature of Notary)



313130

Order No.
Escrow No. 2894-K
Loan No.

WHEN RECORDED MAIL TO:

Mr. and Mrs. Harold Lawson
1295 S. Cawston Avenue, Sp. 228
Hemet, CA 92343



RECEIVED FOR RECORD
AT 8:30 O'CLOCK A.M.
AT REQUEST OF
FIRST AMERICAN TITLE COMPANY
OF RIVERSIDE

DEC-9 1986

Recorded in Official Records
of Riverside County, California
W. E. Crane
RECORDER
Form 9

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO:

SAME AS ABOVE

DOCUMENTARY TRANSFER TAX \$.....20.90

X Computed on the consideration or value of property conveyed; OR
..... Computed on the consideration or value less liens or encumbrances
remaining at time of sale.

THE UNDERSIGNED GRANTOR

Signature of Declarant or Agent determining tax - Firm Name

453 425 022

GRANT DEED

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

CAWSTON AVENUE LIMITED, a Limited Partnership

hereby GRANT(S) to

HAROLD CLAYTON LAWSON AND JACQUELINE ALINE LAWSON, husband and wife as joint tenants

the real property in the City of Hemet
County of Riverside, State of California, described as

Lot 228 of TRACT NO. 20210-1 as shown by map on file in Book 148, pages 49 to 54,
inclusive, of Maps, records of Riverside County, California.

This conveyance is made and accepted and said property is hereby granted upon and subject to each and all of the covenants, conditions, restrictions and reservations contained in that certain Declaration of Covenants, Conditions and Restrictions of Mountain Shadows R. V. Resort Homeowners Association in Riverside County, California recorded August 12, 1986 as Instrument No. 192124 of official records of Riverside County, California, as amended, which by this reference are incorporated herein and made a part of this grant as fully as though herein set forth at length.

CAWSTON AVENUE LIMITED
a Limited Partnership
BY: INLAND DIVERSIFIED, INC.
a California Corporation
General Partner

Dated October 17, 1986

STATE OF CALIFORNIA
COUNTY OF _____ ss.

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

BY: *[Signature]*
BY: *[Signature]*
President
Secretary

(APPROPRIATE ACKNOWLEDGEMENTS ATTACHED)

personally known to me (or if provided 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.

WITNESS my hand and official seal.

Signature _____

(This area for official notarial seal)

1002 (8/82)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

1735 6289

3006 (6/82) - (Corporation as a Partner of a Limited Partnership)
First American Title Company

313130

STATE OF CALIFORNIA
COUNTY OF Riverside

On 10-30-86

Iss.

before me, the undersigned, a Notary Public in and for
said State, personally appeared **Richard L. Shirek** and
Frank C. Donahoe personally known to me (or proved to me on the

basis of satisfactory evidence) to be the persons who executed the within instrument as

President and Secretary, on behalf of
Inland Diversified, Inc.

the corporation therein named, and acknowledged to me that said
corporation executed the within instrument pursuant to its by-
laws or a resolution of its board of directors, said corporation being

known to me to be the general partner of
Cawston Avenue Limited

the limited partnership that executed the within instrument, and
acknowledged to me that such corporation executed the same as
such partner and that such partnership executed the same

WITNESS my hand and official seal.
Signature *Christina Cecil*
CHRISTINA CECIL



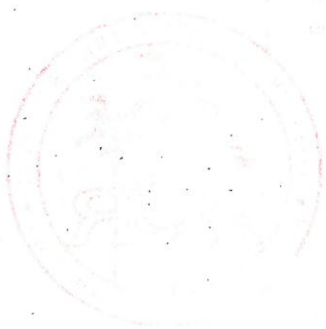
(This area for official notarial seal)

A subsidiary of The First American Financial Corporation

First American Title Insurance Company



THIS MUST BE IN RED TO BE A
CERTIFIED COPY



END RECORDED DOCUMENT

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
CLERK-RECORDER

CERTIFICATE OF DEATH

3200930003873

Form with sections: DECEDENT'S PERSONAL DATA, USUAL RESIDENCE, SPOUSE AND PARENT INFORMATION, FUNERAL DIRECTORY LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY, STATE REGISTRAR.

073664



* 001222185 *

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

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE ORANGE COUNTY CLERK-RECORDER.

DATE ISSUED JUN 09 2021

This copy not valid unless prepared on engraved border displaying seal and signature of Clerk-Recorder.

PRNCC (R)-3-0479

Hugh Nguyen

HUGH NGUYEN
CLERK-RECORDER
ORANGE COUNTY, CALIFORNIA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY
UNDER CALIFORNIA PROBATE CODE SECTIONS 13100-13106**

The undersigned state(s) as follows:

1. (Decedent's Name) Jacqueline Arlene Lawson died on (date) March 18, 2009, in County of Riverside, State of California [before April 1, 2022].
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. (Check one):
 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.
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 \$166,250.
5. (Check one):
 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 is to be paid, transferred, or delivered to the undersigned under the provisions of California Probate Code Section 13100: Excess Proceeds from the sale of a tax defaulted property, Riverside County, estimated to be \$40,909.
7. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:
Son
8. The affiant or declarant (check one):
 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.
 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.
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: Dec 5, 2023

Harold C. Rawson
Name:

Dated: _____

Name:

ACKNOWLEDGEMENT

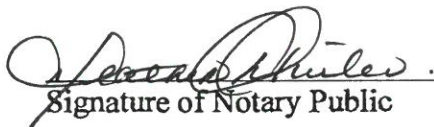
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF ~~CALIFORNIA~~ Arizona
COUNTY OF Mohave

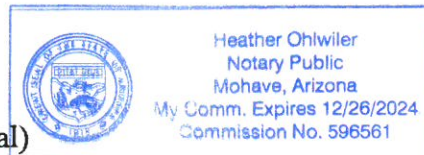
On 12-5-2023 before me, Heather Ohlweiler, personally appeared Harold Clayton Lawson, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person 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 of Notary Public

(Seal)



14-12713

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

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 215 ITEM 1329 Parcel Identification Number: 460055042

Assessee: LAWSON, HAROLD CLAYTON & JACQUELINE ALINE

Situs: 1295 S CAWSTON AVE UNIT 228 HEMET 92545

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 \$18,118.88 from the sale of the above mentioned real property. I/We were the [X] 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. 2015-0038885 recorded on 1-30-2015. 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.

- Claim letter Signed & Notarized
- Copy of Lien
- Itemized Stmt of Amts owed us of 5-5-2020
- 1st page of Recorded c&T R'S

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 7th day of December, 2020 at Placer County, CA
County, State

[Signature]
Signature of Claimant

Signature of Claimant

Kari Freshman
Print Name

Print Name

990 Reserve Dr. #208
Street Address

Street Address

Roseville CA 95678
City, State, Zip

City, State, Zip

877-282-4991
Phone Number

Phone Number

KFreshman@alliedtrustee.com
Email Address

Email Address

RECORDING REQUESTED BY
LAWYERS TITLE CO - OC DIVISION
AND WHEN RECORDED MAIL TO
ALLIED TRUSTEE SERVICES
990 RESERVE DRIVE, SUITE 208
ROSEVILLE, CA 95678
(877) 282-4991

File No. - 14-12713
Title No. - 5922229

RECORDED ON: 01/30/2015
INSTRUMENT: - 2015-0038885
OFFICIAL RECORDS OF : RIVERSIDE

NOTICE OF DELINQUENT ASSESSMENT Spec above this line for recorder's use

(Itemized Statement attached hereto and made a part hereof.)

This NOTICE OF DELINQUENT ASSESSMENT (Lien) is being given pursuant to California Civil Code §5675 and/or the provisions of the Declaration of Covenants, Conditions and Restrictions (CC&Rs) of the MOUNTAIN SHADOWS R.V. RESORT HOMEOWNERS ASSOCIATION (Association) recorded 06-15-2012 Instrument 2012-0278366 Book - Page - - County of RIVERSIDE, State of CA

Property legal description: LOT 228 OF TRACT NO. 20210-1, FILED IN BOOK 148, PAGES 49 TO 54

Owner: HAROLD CLAYTON LAWSON AND JACQUELINE ALINE LAWSON

Property 1295 S CAWSTON AVENUE #228
Address: HEMET, CA 92545

Mailing 2617 UNICORN ROAD
Address: BULLHEAD CITY, AZ 86429


Total Delinquency Amount due as of 01-27-2015	\$2,593.21	(See Itemized Statement Attached)
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After the expiration of 30 days following the recording of this Lien (which date of recordation appears on this notice), the Lien may be enforced in accordance with §5700-5715. An owner may submit a written request for dispute resolution to the Association pursuant to the Association's "meet and confer" program required in Article 2 (commencing with Civil Code §5900) of Chapter 10. An owner may request alternative dispute resolution with a neutral third party pursuant to Article 3 (commencing with §5925) of Chapter 10 before the Association may initiate foreclosure against the owner's separate interest. Additional monies shall accrue under this Lien at the rate of the Association's periodic or special assessments, plus permissible late charges, costs of collection and interest, if any, subsequent to the date of this Lien. Should the Association act to have the Lien created by this notice enforced by non-judicial foreclosure and sale, as provided in Civil Code §5700-5715, the trustee authorized to enforce the Lien shall be Allied Trustee Services (Allied), 990 Reserve Drive #208, Roseville, CA 95678, (877) 282-4991.

Dated: January 27, 2015

**MOUNTAIN SHADOWS R.V. RESORT HOMEOWNERS
ASSOCIATION**

ALLIED IS A DEBT COLLECTOR
ATTEMPTING TO COLLECT A DEBT.
ANY INFORMATION OBTAINED
WILL BE USED FOR THAT PURPOSE.


SARA DEZEEUW, Authorized Representative

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 PLACER

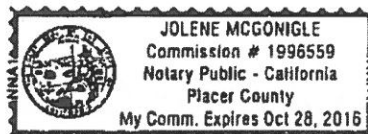
ACCOMMODATION

On 1/27/2015 before me, Jolene McGonigle, Notary Public, personally appeared SARA DEZEEUW 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)



ITEMIZED STATEMENT AS OF 01/27/2015

Date: 1/27/2015

T.S. Number:

Account Number:

Association: MOUNTAIN SHADOWS R.V. RESORT HOMEOWNERS ASSOCIATION

Owner(s): HAROLD CLAYTON LAWSON AND JACQUELINE ALINE LAWSON

Property Address: 1295 S CAWSTON AVENUE #228
HEMET, CA 92545

ASSOCIATION ASSESSMENTS, LATE CHARGES, INTEREST AND COSTS OF COLLECTION

	DESCRIPTION	AMOUNT	FROM	THRU	RATE	TOTAL
10	Monthly Delinquent Assessments @	\$140.00	04/01/2014	01/27/2015	12.00%	\$1,400.00
10	Late Charges @	\$10.00	04/01/2014	01/27/2015		\$100.00

Interest on Assessments from 05/01/2014 to 01/27/2015 \$66.12

COSTS OF COLLECTION AND ADVANCES

	DESCRIPTION	AMOUNT	FROM	THRU	RATE	TOTAL
1	COLLECTION COST	\$100.00	12/16/2014	12/16/2014	0.00%	\$100.00
1	COLLECTION COST	\$60.00	11/12/2014	11/12/2014	0.00%	\$60.00
1	COLLECTION COST	\$20.00	11/12/2014	11/12/2014	0.00%	\$20.00
1	INTEREST ADJUSTMENT	\$7.05	11/16/2014	11/16/2014	0.00%	\$7.05

Interest on Advances thru 01/27/2015 \$0.00

Total due Association as of 01/27/2015: \$1,753.17

TRUSTEE'S FEES, COSTS, AND EXPENSES

DESCRIPTION	TOTAL
VESTING VERIFICATION	\$30.00
SETUP FEE	\$100.00
PRE-LIEN FEE	\$250.00
CERTIFIED - PRE-LIEN	\$27.04
NODA FEE	\$350.00
RECORDING - NOTICE OF DELINQUENT ASSESSMENT	\$25.00
RECORDING - RELEASE OF LIEN	\$22.00
CERTIFIED MAIL - NODA	\$36.00

Total due Trustee for Fees and Costs: \$840.04

Total required to reinstate as of: 01/27/2015 \$2,593.21

MATTHEW JENNINGS
 County of Riverside Treasurer - Tax Collector



Giovane Pizano
 Assistant Treasurer
 September 7, 2023

Melissa Johnson
 Assistant Tax Collector

ALLIED TRUSTEE SERVICES
 C/O KARI FLESHMAN
 990 RESERVE DR. #208
 ROSEVILLE, CA 95678

Re: PIN: 460055042
 TC 215 Item 1320
 Date of Sale: May 5, 2020

To Whom It May Concern:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale. The documentation you have provided is insufficient to establish your claim.

Please submit the necessary proof to establish your right to claim the excess proceeds. The document(s) listed below may assist the Treasurer-Tax Collector in making the determination.

- | | |
|--|---|
| <input type="checkbox"/> Copy of a trust/will | <input type="checkbox"/> Original Note/Payment Book |
| <input type="checkbox"/> Notarized Statement of different/misspelled | <input checked="" type="checkbox"/> Notarized Updated Statement of Monies Owed (up to date of tax sale) |
| <input checked="" type="checkbox"/> Original Notarized Authorization for Agent to Collect Excess Proceeds (Allied Trustee Services on behalf of Mountain Shadows R.V. Resort Homeowners Association) | <input type="checkbox"/> Articles of Incorporation (if applicable Statement by Domestic Stock) |
| <input type="checkbox"/> Notarized Assignment of Right to Collect Excess Proceeds | <input type="checkbox"/> Court Order Appointing Administrator |
| <input type="checkbox"/> Certified Death Certificates | <input type="checkbox"/> Deed (Quitclaim/Grant etc...) |
| <input type="checkbox"/> Copy of Marriage Certificate for | <input type="checkbox"/> Other: |

Please send in all original documents by **September 21, 2023** to: Riverside County Treasurer Tax Collector, Attn: Excess questions, please contact

Sincerely,

Megan Monte

Senior Accounting Assistant
 Tax Sale Operations/Excess
 PH: (951) 955-3336/Fax: (951) 955-3337

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)
1. Article Addressed to: Allied Trustee Services c/o Kari Fleshman 990 Reserve Dr. #208 Roseville, CA 95678	B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____
2. Article Number (Transfer from service label) 9590 9402 7411 2055 3693 22 7022 3330 0000 1566 3658	3. Service Type <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)

Giovane Pizano
Assistant Treasurer



Melissa Johnson
Assistant Tax Collector

September 29, 2023

Final Notice

ALLIED TRUSTEE SERVICES
C/O KARI FLESHMAN
990 RESERVE DR. #208
ROSEVILLE, CA 95678

NO RESPONSE
11/1/2023

Re: PIN: 460055042
TC 215 Item 1329
Date of Sale: May 5, 2020

To Whom It May Concern:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale.

Please submit the necessary proof to establish your right to claim the excess proceeds. The document(s) listed below may assist the Treasurer-Tax Collector in making the determination.

- Copy of a trust/will
- Notarized Statement of different/misspelled
- Original Notarized Authorization for Agent to Collect Excess Proceeds (Allied Trustee Services on behalf of Mountain Shadows R.V. Resort Homeowners Association)**
- Notarized Assignment of Right to Collect Excess Proceeds
- Certified Death Certificates
- Copy of Marriage Certificate for

- Original Note/Payment Book
- Notarized Updated Statement of Monies Owed (up to date of tax sale)**
- Articles of Incorporation (if applicable Statement by Domestic Stock)
- Court Order Appointing Administrator
- Deed (Quitclaim/Grant etc...)
- Other:

Please send in all **original** documents by **October 14, 2023** to: Riverside County Treasurer-Tax Collector, Attn: Excess Proceeds, P.O. Box 12005, Riverside, CA 92503-2005. If you have any questions, please contact me at the number listed below.

Sincerely,

Megan Montellano

Accounting Technician I
Tax Sale Operations/Excess Proceeds
Tel 951 955-3336/Fax 951 955-3990

4080 Lemon Str
WWW.CountyTreasurer.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p>X</p> <p>B. Received by (Printed Name)</p> <p>D. Is delivery address different from the address on the envelope? If YES, enter delivery address below:</p>
<p>Article Addressed to:</p> <p>ALLIED TRUSTEE SERVICES C/O KARI FLESHMAN 990 RESERVE DR. #208 ROSEVILLE, CA 95678</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery (\$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 3330 0000 1835 9350</p>	<p>9590 9402 7411 2055 3840 04</p>