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



ITEM: 19.12 (ID # 24071) MEETING DATE: Tuesday, March 19, 2024

Kimberly A. Rector

Clerk of the Board

FROM: TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 215, Item 1764. Last assessed to: Maida S. Hawkins, Successor Trustee of the certain Declaration of Trust created by Edward R. Hawkins and Maida S. Hawkins as Trustors, dated October 26, 1992. District 4. [\$69,359-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

- Approve the claim from Sarah Elizabeth Sleight, Successor Trustee of the Edward R. Hawkins and Maida S. Hawkins Family Trust dated October 26, 1992, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 666201024; and
- Authorize and direct the Auditor-Controller to issue a warrant to Sarah Elizabeth Sleight, Successor Trustee of the Edward R. Hawkins and Maida S. Hawkins Family Trust dated October 26, 1992 in the amount of \$69,359.24, 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

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

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	\$ 69,359	\$0	\$ 69,359	\$ 0
NET COUNTY COST	\$ 0	\$0	\$0	\$ 0
SOURCE OF FUNDS:	Fund 65595 Excess Proc	Budget Adjustr	ment: N/A	
COUNCE OF TONDO.	Tuna 00000 Excess 1 100	For Fiscal Year	: 23/24	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

<u>Summary</u>

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:

 Claim from Sarah Elizabeth Sleight, Successor Trustee of the Edward R. Hawkins and Maida S. Hawkins Family Trust dated October 26, 1992 based on a Quitclaim Deed recorded December 1, 1992 as Instrument No. 1992-456531, an Order Appointing Successor Trustee of the Edward R. Hawkins and Maida S. Hawkins Family Trust dated October 26, 1992 filed August 31, 2021, and Certificates of Death for Edward Rae Hawkins and Maida Sleight Hawkins.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Sarah Elizabeth Sleight, Successor Trustee of the Edward R. Hawkins and Maida S. Hawkins Family Trust dated October 26, 1992 be awarded excess proceeds in the amount of \$69,359.24. 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 Successor Trustee of the property.

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

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Sleight

Cesar Bernal

Besar Bernal

BERNAL ST. 3/7/2024

Haron Gettis

Aaron Gettis

2/26/2024

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

Jon Christensen, Treasurer-Tax Collector

To:

Re: Claim for Excess Proceeds		Honoring
TC 215 Item 1764 Parcel Identification Number:	666201024	Honoring 7/15/21 Date of initial Claim received.
Assessee: HAWKINS, MAIDA S TRUSTEE		Date of Warrang
Situs: NORTH PALM SPRINGS CA 92258 (VA	ACANT)	Clown range
Date Sold: May 5, 2020		1101
Date Deed to Purchaser Recorded: July 15, 2020		
Final Date to Submit Claim: July 15, 2021		
We, pursuant to Revenue and Taxation Code $69,359.24$ from the sale of the above mention $\boxed{\mathbf{X}}$ property owner(s) [check in one box] at the tirectorder's Document No. $\boxed{1992-456531}$; recorder when $\boxed{1992-456531}$;	ined real property. I/We were time of the sale of the property of interest assignment of interest.	e the Llienholder(s), rty as is evidenced by Riverside Co
OTE: YOUR CLAIM WILL NOT BE CONSIDERED PLEASE SEE SUPPORTING DOCUME		
the property is held in Joint Tenancy, the taxsale pave to sign the claim unless the claimant submits paimant may only receive his or her respective portion. We affirm under penalty of perjury that the foregoing executed this 27th day of July. Shade Elizabeth Sleight ignature of Claimant	oroof that he or she is entitled of the claim. It is true and correct.	ed to the full amount of the claim, t
Sarah Elizabeth Sleight rint Name	Print Name	
120 Bryan Drive	Street Address	
Appx, NC 27502 ty, State, Zip	City, State, Zip	
312-968-7566 none Number		
one Number	Phone Number	SCO 8-21 (1-99)

56531 CEIVED FOR RECORD
AT 8:40 O'CLOCK Recording Requested By James F. Roberts, Atty. and when recorded mail this deed and, unless otherwise shown below, mail tax statements to Mr. and Mrs. Edward R. Hawkins 12404 Cottes Lane La Mirada, California 406-38 Space Above This Line For Recorder's Use QUIT CLAIM DEED The undersigned declares that the documentary transfer tax is \$ None * and is /_/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 thereon at the time of sale. The land, tenements or realty is located in /_/ Unincorporated area // City of FOR MO COMBIDERATION, MAIDA S. HAWKINS, hereby QUIT CLAIM(S) to EDWARD R. HAWKINS and MAIDA S. HAWKINS as Trustees, or any successor Trustees, under that certain Declaration of Trust created by EDWARD R. HAWKINS and MAIDA S. HAWKINS as Trustors, dated October 26, 1992, the following described real property in the County of Riverside, State of California: R LOT 3 OF BLOCK A, GARNET GARDENS UNIT \$2, AS PER MAP IN BOOK 22, PAGE 47 OF MAPS, RIVERSIDE COUNTY RECORDER'S OFFICE, CALIFORNIA. 0 1992 APN: 666201024-9 This conveyance is to a Revocable Trust created by the Grantor and does not constitute a change of ownership and is not subject to reassessment pursuant to Revenue and Taxation Code Section 62. *This conveyance is to a Living Trust, which is not pursuant to a sale. DATED: October 26, 1992 STATE OF CALIFORNIA) SS, COUNTY OF ORANGE On October 26, 1992, before me, This hamile, a Notary Public in and for said County and State personally appeared MAIDA S. HAWKINS, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscrited to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacit(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. Notary Public

COUNTY OF LOS ANGELES REGISTRÁR-RECORDER/COUNTY CLERK

	30520120460		CERTIFICATE OF DEATH USE BLACK RIK ONLY / NO ENSURES, WHITEOUTS OR ALTERATIONS							3201219010263					
	STATE FILE NUMB 1. NAME OF DECEDENT- FIRST (Give	2. MIDE	2. MIDDLE					3. LAST (Farnity)							
TA	EDWARD			RAE				HAWKINS							
NAL DA	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)						OF BIRTH 6		5. AGE Yrs. 97	Months	Days	IF UNDER 2 Hours	Minutes	6. SEX	
DECEDENT'S PERSONAL DATA	9, BIRTH STATE/FOREIGN COUNTRY CA 10, SOCIAL SECURITY NUM						MARI	RITAL STATUS/SRIDP* (at Time of Death) 7. DATE OF DEATH Imm/do. RRIED 03/08/2012					0926		
EDENT	13. EDUCATION - Highest Level/Degree (see workshoet on back) ASSOCIATE	YES	(if yes, see worksheet on back) 16. DECEDENT'S RACE – Up to 3 races may be listed CAUCASIAN						sted (see works	sheet on beak)					
DEC	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RI MANAGER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, em						employment agency, etc.) 19. YEARS IN OCCUPATION 32					
CE	20. DECEDENT'S RESIDENCE (Street and number, or location) 12404 GOTTES LN											(
USUAL				S ANGELES 23. ZI								REIGN COUNTRY			
MANT.	26. INFORMANT'S NAME, RELATIONS MAIDA HAWKINS, V				27, INFORMANT'S MAILING ADDRESS (Street and number, or number of number, city or town, state and 3tp) 12404 GOTTES LN, LA MIRADA, CA 90638										
	28. NAME OF SURVIVING SPOUSE/SRDP*-FIRST			29. MIDDLE FAITH				EIGH		11					
SRDP A	31. NAME OF FATHER/PARENT-FIRST		32. MIDDL	32. MIDDLE			33. LA	SY		1000	34, BIRTH STATI				
SPOUSE/SRDP AND PARENT INFORMATION	EDWARD 35. NAME OF MOTHER/PARENT-FIRST		1	C. 36. MIDDLE				WKIN ST (BIRTH						38. BIRTH STATE	
-	THE WOOLE			- RA					53/1/1		41. W		PA		
FUNERAL DIRECTOR/ LOCAL REGISTRAR	03/12/2012	A MIRADA	IRADA, CA 90638												
JNERAL DIRECTOR OCAL REGISTRAR	41. TYPE OF DISPOSITION(S) 42. CR/BU				NATURE OF EMB	ALMER					28013	43, LJ	CENSE NUM	IBER	
FUNER	44. NAME OF FUNERAL ESTABLISHMENT AS.				D 2031						47. DATE mm/dd/ccyy 03/12/2012				
u.	101, PLACE OF DEATH RESIDENCE	4///	102.	F HOSPITAL	SPECIF		IF OTHER	THAN HOSPIT		Dicadent's	Other				
PLACE OF DEATH	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 106. COUNTY 106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 106. COUNTY 107. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)								Hope						
_	107. CAUSE OF DEATH	Enter the chain of ever	nts diseases, injuries iratory arrest, or ventric	, or complice	ations that gired	y gusty o	A CONT	an session	ninzi events such	1	Are literaries	AND VOLVE	H REPORTED	TO CORONER?	
	IMMEDIATE CAUSE (A) ACUT					6 6000	JOH	EMEVIALE.	111	M	ATT ATT	2012	YES	NO	
	in death) (8) CORC	(A) (S/A)					MA	(BT) PERIODINED?							
DEATH	conditions, if any, leading to cause on Une A. Enter UNDERLYING	M'							110 AUTOPS PERFORMED?						
CAUSE OF DEATH	CAUSE (disease or injury that initiated the events (D)		~ (DIV)						YES X NO 111. USED IN DETERMINING CAUSE?						
CAU	resulting in death) LAST 112. OTHER SIGNIFICANT CONDUCTOR	ULANGUN	NA THE UNDERLYING CAUSE GIVEN IN 107						YES NO						
	NONE 113. WAS OPERAL OR PROPRIED BY ANY CONDITION (MATERIALIX) Of 11 by Olyaper to payarisin and data.)														
	NO MA VIIIN				1	121						IF FEMALE, PREGNANT IN LAST YEAR? YES NO UNK			
SATION	114. I CERTIFY THAT TO THE BEST OF MY KI AT THE HOUR, DATE, AND PLACE STATED FR Decedent Attended Since	NOW EDGE DEATH OCCUP RIM THE CAUSES STATED. Decision and Seen Aire			LE OF CARTINE				T.C.		6. LICENSE N 20A424	8 03	3/09/20		
PHYSICIAN'S CERTIFICATION	(a) minidadeco (b) minidadeco (c) mi														
	118 CERTIFY HANNING OPINONDEATH	OCCURRED AT THE HOU	DATE HOUSE STA	TEA FROM T	ME CAUSES STATE		120.		AT WORK?	UNK 12	1. INJURY DA	TE mm/dd/ccy	122. HOU	R (24 Hours)	
NEX.	\$3 Y ACE OF INTURY (e.g., home, c	one action (ite, woods	area eta	- Invo	Singerior) detailine	- -								
S USE (124. DESCRIBE HOW I SURY OCCUP	RRED (Every Minishness	ulted in injury)												
CORONER'S USE ONLY	125. LOCATION OF INJURY CO.	d number, or location, a	nd city, and zip)												
8	126. SIGNATURE CORONER / DEF	PUTY CORONER			127. DATE mm	niddiome	120 70	PF NAME	TITLE OF CORO	NER / DEP	ITY COPONI	· D			
		CHARLES		(1)	LI. DAIE MI	Зассуу	120.11	- E-SMINE	, or conto	ven ver	OTT COMONE			$\zeta = 0$	
STAT	TE A B	/ C	D E			*010	00100201	2613°		F	AX AUTH.#	E UHUE	CENSU	JS TRACT	

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

DEAN C. LOGAN Registrar-Recorder/County Clerk

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

FEB 2 5 2021





COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

	30520131476		CERTIFICATE OF DEATH STATE OF CALFORNIA USE BLACK INK ONLY / NO ENSIRES, WHITEOUTS OR ALTERATIONS VS. 14(RPL VIOLE)						3201319033236						
	STATE FILE NUM 1. NAME OF DECEDENT- FIRST (G		U	SE BLACK INK ON	LY / NO ERASURES, WH VS-114(REV 3/06)	TEOUTS	OR ALTERATIO		W	LOC	CAL REGISTR	ATION NUMBI	I N		
DECEDENT'S PERSONAL DATA	MAIDA		SLEIGHT			3. LAST (Family) HAWKINS									
	AKA, ALSO KNOWN AS - Include ful			4. DATE OF BIRTH minut 05/12/1918				95	Morths	Days	Hours	4 HOURS Minutes	6. SEX		
	V. BIRTH STATE/FOREIGN COUNTRY TX		U.S. ARMED FORC								8. HOUR 061	(21 Hours)			
	18. EDUCATION - Highest Level/Degree isoo works noot on backij ASSOCIATE	YES	X	X NO CAUCASIAN											
8	17. USUAL OCCUPATION - Type of w		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) INSURANCE							cy. etc.) 19	19. YEARS IN OCCUPATION				
AL	20. DECEDENTS RESIDENCE (Street and number, or location) 12404 GOTTES LN														
NESIDENCE				NGELES 90638				50 CA							
INFOR-	26. INFORMANT'S NAME, RELATION SUSAN GONZALES	27. INFORMAN 15251 L	FORMANT'S MAILING ADDRESS (Street and number: or carel mote number of the or fown, date and zip) 51 LEFFINGWELL RD, WHITTIER, CA 90606												
AND	28. NAME OF SURVIVING SPOUSE/SRIDP'-FIRST 28. 1			E	ATT .	30. LAST	T (BIRTH	NAME)	100				- 7		
SPOUSE/SPDP AND PARENT INFORMATION	31. NAME OF FATHER/PARENT-FIRST 3 MILTON 1		W.	32. MIDDLE W.			33, LAST SLEIGHTS					34. BIRTH UNKN			
SPOU	35. NAME OF MOTHER/PARENT-FIRST 36. III						JES.			N.C	STATE				
CTORY	38. DISPOSITION DATE MININGHOUSY 40. PLACE OF FINAL DISPOSITION OLIVE LAWN MEMORIAL PARK AND MAUSOLEUM 13926 LA MIRADA BLVD, LA MIRADA, CA 90638														
FUNERAL DIRECTORY LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) CR/BU				42. SIGNATURE OF EMBALMER 43. LICENSE NUMBER -										
FUNEF				45. SIGNATURE OF LOCAL REGISTRAR FD 2031						47. DATE mm/dd/coyy 08/07/2013					
E OF	101. PLACE OF DEATH RESIDENCE	GISDIK		Lat			HOSPITAL.	SPECIFY CR/OF	ONE 103. I	FOTHER T	THAN HOSPIT Nursin Home	9 1	ONE Decedent's Home	Other	
PLACE OF DEATH	LOS ANGELES	12404 CO	TTES LN		JND (Street and nun			1	1/1/1	1	106 CITY MIF	RADA	15	7	
	107. CAUSE OF DEATH	Entor the chain of event as cardiac arrest, respir DIORESPIRAT	atory arrest, or ventric	Likar Ribrillation wi	ns that directly cau thout showing the et	usod dc	W. DONGT	AN L	75	3	Time vite val Set Onset and Dea (AT)	100 OF	A POPE	OCHONERS	
	(Finel dosese or or or officer resulting in death) (B) CONGESTIVE HEART FAILURE 1									RMED?					
DEATH	Sequentially, list conditions, if any,								110. AU	YES TOP T PERI	·				
CAUSE OF DEATH	CAUSE (Goreanse or injury that instanted the events (D) resulting in death) LAST					17	16	9)	9		21	"Tuse	N DETERVA	CAUSE?	
ð	112. OTHER SIGNIFICATE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RES				su ping in Prehipsetring druse divermoo							Al Ans Jus			
	113. WAS OPERATION PER OBJECT NO	FOR ANY CONDITION IN	TEN TO ON THE	(of days	operation and date	9.)	nr	7	OIFF)\E	المار	18A IF FEMALE			
S.N.	14. I CERTIFY THAT TO THE BEST OF MY AT THE HOUR, DATE, AND PLACE SWILLD	KNOWLENGE DE THOCCURR THOM THE CHECK STATED.	Nil Studio	RE AND TITLE	OF CERTIFIER	2	1/2	1	11	Difference of the last of the	6. LICENSE N	UMBER 117			
PHYSICIAN'S CERTIFICATION	Decedent Attended Slipe (A) mm/stillips (b)	Attended Silve Decade it has See Alive 188. TYPE ATTENDING SHYSICEN E NAM								B. VI		M.D.	3/06/20	13	
- 8	THE COURT THAT THE CONION DEAT	V22/2013	DATE AND PLACE IT	TO HE	COUSES STATED.	eld not be	120.1	NJURED	GTON PA	12	A 9025		122. HQU	IR (24 Hours)	
DNLY	Adjusting to Parties Assessed														
a's USE	124, DESPRIBE HOW (WITH OFCE	ARED (Events which result	ted in Injury)			_			\)		
CORONER'S USE ONLY	125. LOCATION of AVURY (Street and number, or location, and city, and zip)														
	126. SIGNATURE OF CORONER / DE	PUTY CORONER		1:	27. DATE mm/dd/c	осуу	128, TYP	E NAME,	TITLE OF CORON	IER / DEPI	JTY CORONE	R			
STA REOIS	TE A B	C	D E	-		*0100	01002408	433*		FA	X AUTH.#		CENSU	IS TRACT	
						-200							+		

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

DEAN C. LOGAN Registrar-Recorder/County Clerk





ANTHONY D. JOHNSTON, SBN 244282 FORES=MACKO-JOHNSTON, INC. 2

A Professional Law Corporation 1600 "G" Street, Suite 103 Modesto, CA 95354 (209) 527-9899 (209) 527-2889 (Facsimile)

AUG 3 1 2021



D. PULSIFER

Attorneys for Petitioner, SARAH ELIZABETH SLEIGHT

7

8

3

4

5

6

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

9

10

In re:

11

12

13

14 15

16

17

18

19

20

21

22

23

24

25

26

27

THE EDWARD R. HAWKINS and MAIDA S. HAWKINS FAMILY TRUST.

Case No. PRIN2100902

ORDER APPOINTING SUCCESSOR TRUSTEE OF THE EDWARD R. HAWKINS and MAIDA S. HAWKINS FAMILY TRUST DATED OCTOBER 26, 1992

Hearing:

Date: August 31, 2021 Time: 8:45 a.m.

Dept.: PS3

The Petition for Appointment of Successor Trustee of the Edward R. Hawkins and Maida S. Hawkins Family Trust dated October 26, 1992 (the "Petition"), filed by Sarah Elizabeth Sleight, came on regularly for hearing by the Court in Department PS3 on the 9:45 a.m. calendar on August 31, 2021, the Honorable John G. Evans, Judge of the Superior Court presiding. Anthony D. Johnston of Fores Macko Johnston, Inc., a Professional Law Corporation, appeared for the Petitioner. There were no other appearances and the only opposition, by the Braille Institute, was withdrawn prior to the hearing.

Upon review of the pleadings and evidence, and good cause appearing, it is hereby ORDERED, ADJUDGED and DECREED that:

The Petition is granted; and

111 28

- 1. Effective immediately Sarah Elizabeth Sleight is appointed the Successor Trustee of the Edward R. Hawkins and Maida S. Hawkins Family Trust dated October 26, 1992; and
- 2. This appointment of Sarah Elizabeth Sleight as the Successor Trustee does not change or alter in any manner the trusteeship of the disclaimer trust created under the terms of the Edward R. Hawkins and Maida S. Hawkins Family Trust dated October 26, 1992.

Dated: \(\lambde 8-3/-21

JUDGE OF THE SUPERIOR COURT