

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



ITEM: 19.9
(ID # 22873)

MEETING DATE:
Tuesday, May 21, 2024

FROM : TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 214, Item 822. Last assessed to: Ramona A. Sanchez and Ruth S. Guzman, as joint tenants. District 4. [\$13,033-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Reese Law Group, Attorney for Ford Motor Credit Company for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 872303021-8;
2. Approve the claim from Atanasia Ramona Sanchez Douglas AKA Ramona A. Sanchez, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 872303021-8; and
3. Authorize and direct the Auditor-Controller to issue a warrant to Reese Law Group, Attorney for Ford Motor Credit Company in the amount of \$3,649.19 and Atanasia Ramona Sanchez Douglas AKA Ramona A. Sanchez in the amount of \$9,384.14, 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.

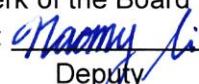
ACTION:


Matthew Jennings, Treasurer-Tax Collector 5/8/2024

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Spiegel, Washington and Perez
Nays: None
Absent: Gutierrez
Date: May 21, 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	\$ 13,033	\$ 0	\$ 13,033	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.			Budget Adjustment:	N/A
			For Fiscal Year:	23/24

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, the Tax Collector conducted the June 4, 2019 public auction tax sale. The deed conveying title to the purchasers at the auction was recorded August 13, 2019. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on August 27, 2019, to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of Parties of Interest Reports, Assessor's and Recorder's records, as well as other, various research methods used to obtain current mailing addresses for these parties of interest.

The Treasurer-Tax Collector has received two claims for excess proceeds:

1. Claim from Reese Law Group, Attorney for Ford Motor Credit Company based on an Application For and Renewal of Judgment recorded November 9, 2016 as Instrument No. 2016-0501145.
2. Claim from Atanasia Ramona Sanchez Douglas AKA Ramona A. Sanchez based on a Grant Deed recorded October 17, 1984 as Instrument No. 1984-224780 and a Certificate of Death for Refugio S. Leivas AKA Ruth S. Leivas AKA Ruth S. Guzman.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Reese Law Group, Attorney for Ford Motor Credit Company be awarded excess proceeds in the amount of \$3,649.19 and Atanasia Ramona Sanchez Douglas AKA Ramona A. Sanchez be awarded excess proceeds in the amount of \$9,384.14. 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 a lienholder and 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 Reese

ATTACHMENT B. Claim Douglas

Cesar Bernal
Cesar Bernal, PRINCIPAL MGMT ANALYST 5/10/2024

Aaron Gettis
Aaron Gettis, Chief of Deputy County Counsel 4/2/2024

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

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 214 Item 822 Assessment Number: 872303021-8

Assessee: SANCHEZ, RAMONA A & GUZMAN, RUTH S

Situs: 24950 LINDSAY AVE RIPLEY 92272

Date Sold: June 4, 2019

Date Deed to Purchaser Recorded: August 13, 2019

Final Date to Submit Claim: August 13, 2020

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 3,493.89 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. 2016-0501145; recorded on 11/09/2016. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 09 day of September, 2019 at San Diego, CA
County, State

Jennifer Myers Esq. (Reese Law Group)
Signature of Claimant

Signature of Claimant

Jr My
Print Name

Print Name

3168 Lionshead Ave.
Street Address

Street Address

Carlsbad, CA 92010
City, State, Zip

City, State, Zip

(760)842-5850
Phone Number

Phone Number

jmyers@reeselawgroup.com
Email Address

Email Address

RECEIVED
2019 SEP 17 AM 8:5
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

PLEASE COMPLETE THIS INFORMATION
RECORDING IS REQUESTED BY:

FORD MOTOR CREDIT COMPANY

AND WHEN RECORDED MAIL TO:

REESE LAW GROUP

Harlan M. Reese, Esq. (Bar #118226)

3168 Lionshead Avenue

Carlsbad, CA 92010

File #1020021

2016-0501145

11/09/2016 12:27 PM Fee: \$ 34.00

Page 1 of 3

Recorded in Official Records
County of Riverside
Peter Aldana
Assessor-County Clerk-Recorder

NOTICE SENT



420

APPLICATION FOR AND RENEWAL OF JUDGMENT

Title of Document

THIS PAGE IS ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING INFORMATION

OCT 13 2016

EJ-190

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):
REESE LAW GROUP, Harlan M. Reese, Esq., Bar #118226
3168 Lionshead Avenue
Carlsbad, CA 92010 1020021

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

NAME OF COURT: SUPERIOR COURT OF CALIFORNIA RIVERSIDE
STREET ADDRESS: 4050 Main Street
MAILING ADDRESS: 4050 Main Street
CITY AND ZIP CODE: Riverside, CA 92501
BRANCH NAME: HISTORIC COURTHOUSE

FOR RECORDER'S USE ONLY

CASE NUMBER: RIC10000398

PLAINTIFF: FORD MOTOR CREDIT COMPANY

DEFENDANT: RONALD J. DOUGLAS, Et al.

APPLICATION FOR AND RENEWAL OF JUDGMENT

Judgment creditor
 Assignee of record
applies for renewal of the judgment as follows:

1. Applicant (name and address):
FORD MOTOR CREDIT COMPANY, C/O REESE LAW GROUP
3168 Lionshead Avenue
Carlsbad, CA 92010

2. Judgment debtor (name and last known address):

ATANASIA R. DOUGLAS aka ROMONA A. SANCHEZ
24950 LINDSEY AV
RIPLEY CA 92272

3. Original Judgment

a. Case number (specify): RIC359197

b. Entered on (date): September 11, 2001

c. Recorded:

- | | |
|---------------------------------|----------------------------------|
| (1) Date: December 10, 2001 | (1) Date: February 04, 2010 |
| (2) County: Riverside | (2) County: Riverside |
| (3) Instrument No.: 2001-611684 | (3) Instrument No.: 2010-0053693 |

4. Judgment previously renewed (specify each case number and date): RIC10000398, December 30, 2009

5. Renewal of money judgment

a. Total judgment	\$	\$1,599.39
b. Costs after judgment	\$	\$0.00
c. Subtotal (add a and b)	\$	\$1,599.39
d. Credits after judgment	\$	\$0.00
e. Subtotal (subtract d from c)	\$	\$1,599.39
f. Interest after judgment	\$	\$1,079.26
g. Fee for filing renewal application	\$	\$30.00
h. Total renewed judgment (add e, f, and g)	\$	\$2,708.65

i. The amounts called for in items a - h are different for each debtor.
These amounts are stated for each debtor on Attachment 5.

FOR COURT USE ONLY

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE

OCT 13 2016

1. SIRALUSA

SHORT TITLE:
FORD MOTOR CREDIT COMPANY v.
RONALD J. DOUGLAS

CASE NUMBER:
RIC10000398

6. Renewal of judgment for possession
 sale
- a. If judgment was not previously renewed, terms of judgment as entered:
- b. If judgment was previously renewed, terms of last renewed:
- c. Terms of judgment remaining unsatisfied:

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

Date: September 28, 2016

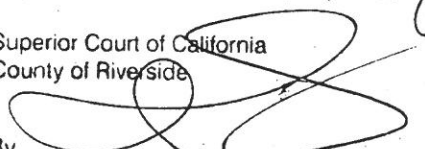
Harlan M. Reese, Esq., Attorney for Plaintiff

(TYPE OR PRINT NAME)

This must be in red to be a "CERTIFIED COPY" (SIGNATURE OF DECLARANT)

Each document to which this certificate is attached is certified to be a full, true and correct copy of the original on file and of record in my office. ②

Superior Court of California
County of Riverside

By  DEPUTY J Siracusa

Dated: 10.17.16



Certification must be in red to be a "CERTIFIED COPY"

MATTHEW JENNINGS
County of Riverside Treasurer - Tax Collector



Giovane Pizano
Assistant Treasurer

Melissa Johnson
Assistant Tax Collector

August 22, 2023

Reese Law Group
 C/O Jennifer Myers, ESQ.
 3168 Lionshead Ave.
 Carlsbad, CA 92010

Re: PIN: 872303021-8
 TC 214 Item 822
 Date of Sale: June 4, 2019

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.

- Copy of a trust/will
- Notarized Statement of different/misspelled
- Original Notarized Authorization for Agent
- 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:

October 9, 2023

Please send in all **original** documents by **September 21, 2023** to: **Riverside County Treasurer-Tax Collector, Attn: Excess Proceeds, P.O. Box 12005, Riverside, CA 92502-2205.** If you should have any questions, please contact me at the number listed below

Sincerely,

Megan Montellano

Senior Accounting Assistant
 Tax Sale Operations/Excess Proceeds
 PH: (951) 955-3336/Fax: (951) 955-3990

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only		OFFICIAL USE	
For delivery information, visit our website at www.usps.com ®.			
Certified Mail Fee	\$	Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$	<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	<input type="checkbox"/> Postage	\$
Total Po		\$	
Sent To		Reese Law Group	
Street or		3168 Lionshead Ave.	
City, State		Carlsbad, CA 92010	
PS Form 3800, April 2012 Edition. See reverse for instructions.			

2576 5ERT 0000 DEEF 2221

REESE LAW GROUP
A Professional Law Corporation
CA Debt Collection Lic. No.: 10303-99
3168 Lionshead Avenue, Carlsbad, CA 92010
Telephone: 760/842-5850
Fax: 760/842-5865

RECEIVED
2023 OCT -2 PM 1:01
RIVERSIDE COUNTY
TREASURER - TAX COLLECTOR

September 29, 2023

Office of the Treasurer Tax Collector
Riverside County
John Christensen Tax Sales Operations
POB 12005
Riverside CA 92502-2205

Attn: Excess Proceeds

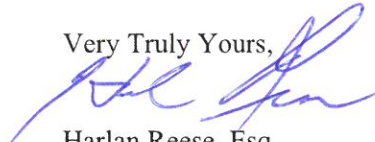
Re: Ford Motor Credit Company Judicial Lien 2016-0501145
Our File Number: 1020021
EP 214 Item 822
PIN 872303021-8
Sales Date June 4, 2019

Dear Sir/Madam:

This notarized letter is confirmation that the previous claim for excess proceeds originally submitted on or about April 6, 2020, has not changed. Ford Motor Credit hereby claims the excess proceeds in the amount of \$3,649.19 and incorporates the attached documents by reference.

I hereby declare under the penalty of perjury under the laws of California that the above statements are true and correct.

Very Truly Yours,



Harlan Reese, Esq.
Reese Law Group
See the attached Acknowledgment.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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 San Diego)

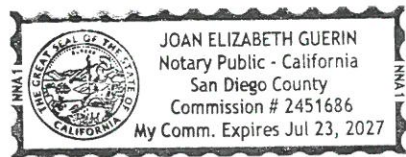
On September 29, 2023 before me, Joan Elizabeth Guerin, Notary Public,
Date Here Insert Name and Title of the Officer

personally appeared Harlan M. Reese, Esq.
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 [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: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

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

RECEIVED

To: Jon Christensen, Treasurer-Tax Collector

2020 JUL 14 AM 11:05

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

TC 214 Item 822 Assessment Number: 872303021-8

Assessee: SANCHEZ, RAMONA A & GUZMAN, RUTH S

Situs: 24950 LINDSAY AVE RIPLEY 92272

Date Sold: June 4, 2019

Date Deed to Purchaser Recorded: August 13, 2019

Final Date to Submit Claim: August 13, 2020

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$_____ from the sale of the above mentioned real property. I/We were the lienholder(s), property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 10th day of July, 2020 at Riverside, CA.
County, State

Atanasia R Douglas
Signature of Claimant

*
Signature of Claimant

ATANASIA Ramona Sanchez
Print Name

See Attached Certificate
Print Name

Douglas P.O. Box 953
Street Address

of Death: -
Street Address

Blythe, CA 92226
City, State, Zip

City, State, Zip

760-238-6829
Phone Number

Phone Number

Atanasia b@yahoo.com
Email Address

Email Address

22A780

RECORDING REQUESTED BY

AND WHEN RECEIVED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME Ramona A. Sanchez
ADDRESS P.O. Box 844
CITY Blythe, California
STATE CA
ZIP 92225

RECEIVED FOR RECORD
OCT 17 1984
WILLIAM F. BERRY
Recorder

RECORDING FEE \$10.00

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

GRANT DEED

JOINT TENANCY

DOCUMENTARY TRANSFER TAX \$ None

computed on full value of property conveyed, or

computed on full value less liens and encumbrances remaining at time of sale.

Signature of Declarant or Agent Determining Tax _____ Form Name _____

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, I (We), Cleofas V. Sanchez (name of grantor(s))

grant to Ramona A. Sanchez and Ruth S. Gorman (name of grantee(s))

AS JOINT TENANTS,

all that real property situated in the City of Ripley

(or in an unincorporated area of) Riverside County, California,

described as follows (insert legal description):

FOR LOT K2 Blocks 21 AND LOTS 15 AND 16 BLOCK 21 MB 010/033
RIPLEY

Assessor's parcel no. 872303061-B

Executed on August 22, 1984 at Blythe, California (City and State)

Cleofas V. Sanchez
Cleofas V. Sanchez

STATE OF CALIFORNIA

COUNTY OF RIVERSIDE } ss.

On this 23 day of AUGUST in the year 1984

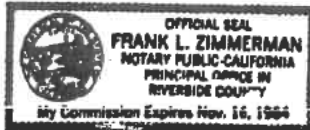
before me, the undersigned, a Notary Public in and for said State, personally appeared

CLEOFAS V. SANCHEZ

personally known to me (or 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 executed it.

WITNESS my hand and official seal.

Frank L. Zimmerman
Notary Public in and for said State.



MAIL TAX STATEMENTS TO Ramona A. Sanchez P.O. Box 844 Blythe, California 92225

SELLER - BUYER - JOINT TENANTS
SILVERMASTER FORM 705 - (Rev. 6-83)
© 1983 SILVERMASTER, INC.

This standard form is intended for the general situations mentioned in the title. However, before you sign, read it, fill in all blanks, and make whatever changes are appropriate and necessary to your particular situation. Contact a lawyer if you doubt the form is suitable for your purpose and use.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052014213837

CERTIFICATE OF DEATH

3201433012478

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VP-1 (REVISE 3/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) REFUGIO		2. MIDDLE S.		3. LAST (Family) LEIVAS	
4. DATE OF BIRTH mm/dd/yyyy 05/19/1949		5. AGE Yrs. Months Days 65		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY TX		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) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MEDICAL SUPERVISOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) DEPARTMENT OF CORRECTIONS		19. YEARS IN OCCUPATION 21	
20. DECEDENT'S RESIDENCE (Street and number, or location) 320 S. 6TH ST.					
21. CITY BLYTHE		22. COUNTY/PROVINCE RIVERSIDE		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP FRANK LEIVAS, HUSBAND		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 320 S. 6TH ST., BLYTHE, CA 92225			
28. NAME OF SURVIVING SPOUSE/SROP - FIRST FRANK		29. MIDDLE MORAGA		30. LAST (BIRTH NAME) LEIVAS	
31. NAME OF FATHER/PARENT - FIRST LIBORIO		32. MIDDLE M.		33. LAST SANCHEZ	
35. NAME OF MOTHER/PARENT - FIRST CLEOFAS		36. MIDDLE -		37. LAST (BIRTH NAME) VALENZUELA	
34. BIRTH STATE MEXICO		38. BIRTH STATE NM			
39. DISPOSITION DATE mm/dd/yyyy 11/24/2014		40. PLACE OF FINAL DISPOSITION PALO VERDE CEMETERY 343 W. 10TH AVE., BLYTHE, CA 92225			
41. TYPE OF DISPOSITION(s) BU		42. SIGNATURE OF EMBALMER MICHAEL PRESLEY		43. LICENSE NUMBER EMB7008	
44. NAME OF FUNERAL ESTABLISHMENT FRYE CHAPEL & MORTUARY OF BLYTHE		45. LICENSE NUMBER CAMERON KAISER, MD		47. DATE mm/dd/yyyy 11/21/2014	
101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EICOP <input type="checkbox"/> DDA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 320 S. 6TH STREET		106. CITY BLYTHE	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) GUNSHOT WOUNDS TO TORSO		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Time Interval Between Onset and Death (AT) MINS 2014-10754	
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 (B) (C) (D)		109.opsy PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input 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		115. SIGNATURE AND TITLE OF CERTIFIER MICHAEL A WERK		116. LICENSE NUMBER 117. DATE mm/dd/yyyy	
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 checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		119. TYPE APPROPRIATE PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy 11/17/2014		122. HOUR (24 Hours)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) RESIDENCE					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) SHOT BY KNOWN ASSAILANT WITH .45 CALIBER HANDGUN					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) 320 S. 6TH STREET BLYTHE, CA 92225					
126. SIGNATURE OF CORONER / DEPUTY CORONER MICHAEL A WERK		127. DATE mm/dd/yyyy 11/21/2014		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER MICHAEL A WERK, DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACT	

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



035232861

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

DATE ISSUED

OCT 12 2023

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CARIVERS02

**Riverside County Board of Supervisors
Request to Speak**



Online

Submit request to Clerk of Board (right of podium),
Speakers are entitled to three (3) minutes, subject to
Board Rules listed on the reverse side of this form.

SPEAKER'S NAME: Atanasia Douglas

Address: _____
(only if follow-up mail response requested)

City: _____ **Zip:** _____

Phone #: _____

Date: _____ **Agenda #** 19.9

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

_____ **Support** _____ **Oppose** _____ **Neutral**

Note: If you are here for an agenda item that is filed
for "Appeal", please state separately your position on
the appeal below:

_____ **Support** _____ **Oppose** _____ **Neutral**

I give my 3 minutes to: _____