

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



**ITEM: 19.6
(ID # 24021)**

MEETING DATE:

Tuesday, July 30, 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 1707. Last assessed to: Stephen H. James and Ruth N. James, husband and wife as joint tenants, as to an undivided 1/3 interest; Loren M. Coleman and Sandra Ann Coleman, Cotrustees under the First Amendment to that certain revocable Declaration of Trust dated 4/21/89 and also known as the Loren Marion Coleman Separate Property Trust, Amendment dated 1/26/1990, as to an undivided 1/3 interest; Ronald J. Krstyen, 1/2 of the 1/3 undivided interest held by Grantor (1/6 of the entire property); Scott Wieggers 1/10 of the 1/3 undivided interest held by Grantor (1/30 of the entire property); Jayme Lynn Wieggers 1/10 of the 1/3 undivided interest held by Grantor (1/30 of the entire property); Joseph Wieggers 1/10 of the 1/3 undivided interest held by Grantor (1/30 of the entire property); Melissa Krstyen Martinez 1/10 of the 1/3 undivided interest held by Grantor (1/30 of the entire property) and Jeffrey Krstyen 1/10 of the 1/3 undivided interest held by Grantor (1/30 of the entire property). District 3. [\$25,307-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Joseph D. Wieggers, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 583200050;

Continued on Page 2

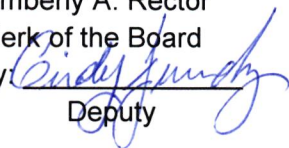
ACTION:Policy


Melissa Johnson, Assistant Tax Collector 7/17/2024

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Spiegel, 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: July 30, 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**

RECOMMENDED MOTION: That the Board of Supervisors:

2. Approve the claim from Romaine DeBona, Authorized Agent for Ruth N. James, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 583200050;
3. Approve the claim from Tax Misfits, Assignee for Sandra A. Coleman, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 583200050;
4. Authorize and direct the Auditor-Controller to issue a warrant to Joseph D. Wieggers in the amount of \$1,207.52, to Romaine DeBona, Authorized Agent for Ruth N. James in the amount of \$12,049.92, and to Tax Misfits, Assignee for Sandra A. Coleman in the amount of \$12,049.92, 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; and
5. Authorize and direct the Treasurer-Tax Collector to transfer the unclaimed excess proceeds in the amount of \$10,846.03 to the County General Fund pursuant to Revenue and Taxation Code Section 4674.

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 25,307	\$ 0	\$ 25,307	\$ 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:	24/25

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 various research methods used to obtain current mailing addresses for these parties of interest.

Revenue and Taxation Code 4676 (b) states that the county shall make reasonable effort to obtain the name and last known mailing address of the parties of interest. Then, if the address of the party of interest cannot be obtained, the county shall publish notice of the right to claim excess proceeds in a newspaper of general circulation in the county as per Revenue and

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
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Taxation Code 4676 (c). The Treasurer-Tax Collector's office has made it a policy to take the following actions to locate the rightful party of the excess proceeds.

1. Examined Parties of Interest Reports to notify all parties of interest attached to the parcel.
2. Researched all last assessees through the County's Property Tax System for any additional addresses.
3. Used Accurint (people finder) to notify any new addresses that may be listed for our last assessees.
4. Advertised in newspapers for three consecutive weeks in The Desert Sun, Palo Verde Valley Times, and The Press Enterprise referring any parties of interest to file a claim for the excess proceeds.
5. Sent out a certified mailing within 90 days as required by Revenue and Taxation Code 4676 (b).

According to Revenue and Taxation Code 4675 (a) Any party of interest in the property may file with the county a claim for the excess proceeds, in proportion to his or her interest held with others of equal priority in the property at the time of the sale, at any time prior to the expiration of the one year following the recordation of the Tax Collector's Deed to the Purchaser, which was recorded on July 15, 2020.

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

1. Claim from Joseph D. Wiegiers based on a Grant Deed recorded March 3, 2010 as Instrument No. 2010-0095755.
2. Claim from Romaine DeBona, Authorized Agent for Ruth N. James based on an Authorization for Agent to Collect Excess Proceeds notarized July 22, 2023, a Grant Deed recorded December 17, 1982 as Instrument No. 1982-218070, and a Certificate of Death for Stephen Hamilton James.
3. Claim from Tax Misfits, Assignee for Sandra A. Coleman based on an Assignment of Rights to Claim Excess Proceeds from Sale of Tax-Defaulted Property notarized May 28, 2021, a Quitclaim Deed recorded February 7, 1990 as Instrument No. 1990-047773, and a Certificate of Death for Loren Marion Coleman.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Joseph D. Wiegiers be awarded excess proceeds in the amount of \$1,207.52, Romaine DeBona, Authorized Agent for Ruth N. James be awarded excess proceeds in the amount of \$12,049.92, and Tax Misfits, Assignee for Sandra A. Coleman be awarded excess proceeds in the amount of \$12,049.92. Since there are no other claimants, the unclaimed excess proceeds in the amount \$10,846.03 will be transferred to the County General Fund. 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.

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

Impact on Residents and Businesses

Excess proceeds will be released to last assesseees of the property and transferred to the County General Fund.

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Wiegers

ATTACHMENT B. Claim DeBona

ATTACHMENT C. Claim TaxMisfits


Cesar Bernal, PRINCIPAL MGMT ANALYST 7/19/2024


Aaron Gettis, Chief of Deputy County Counsel 6/3/2024

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

RECEIVED

To: Jon Christensen, Treasurer-Tax Collector

2020 NOV 12 PM 3: 27

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

TC 215 Item 1707 Parcel Identification Number: 583200050

Assessee: COLEMAN, LOREN TRUSTEE & NEDIA & JAMES, STEPHEN H & KRSTYEN, RONALD J ETAL

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 \$ 5000.00 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 1 day of November, 2020 at Ada County Base 110
County, State

Signature of Claimant

Signature of Claimant

Print Name

Print Name

Street Address

Street Address

City, State, Zip

City, State, Zip

Phone Number

Phone Number

DOC # 2010-0095755
03/03/2010 08:00A Fee:28.00
Page 1 of 2

Recorded in Official Records
County of Riverside
Larry W. Ward
Assessor, County Clerk & Recorder

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

JAMES C. CLARK, Successor Trustee
c/o Law Office of Sandra D. Sickler
4582 Adair Street
San Diego, CA 92107



S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY		
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M	A	L	465	426	PCOR	NCOR	SMP	NCHG	EXAM		
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MAIL TAX STATEMENTS TO:

RONALD J. KRSTYEN
7232 N. 27th Avenue, #102
Phoenix, AZ 85051

SCOTT WIEGERS
9325 Cherrywood Road
Clarkston, MI 48348

JAYME LYNN WIEGERS STREHLKE
953 E. Sherin
Hazel Park MI 48030

JOSEPH WIEGERS
105 McMaster Road
Skandia, MI 49885

MELISSA KRSTYEN MARTINEZ
2103 E. Connemara Drive
Queen Creek, AZ 85240

JEFFREY KRSTYEN
9897 E. Palermo
Gold Canyon, AZ 85218

29
620
W

ABOVE THIS LINE FOR RECORDER'S USE ONLY

GRANT DEED

A.P.N.: 583-200-050-3

~~October~~ December 22, 2009 Riverside, California Documentary Transfer Tax is \$0.00.

The undersigned hereby declares that:

1. This transfer is made without consideration and is therefore exempt from Documentary Transfer Tax (California Revenue and Taxation Code §11911).

2. By Order Determining Succession To Real Property dated March 11, 2009, in the Matter of MARY A. BAYBA aka Mary Ann Bayba, Riverside Superior Court Case No. RIP 94428, James C. Clark, as Successor Trustee of the BAYBA TRUST dated October 2nd, 1992, acquired ownership of an undivided 1/3 interest in the real property that is described as follows:

Parcel 3 of Parcel Map 15951 as per map thereof filed in Book 91, pages 65 through 74 of Parcel Maps, Riverside County Records.

NOW THEREFORE, James C. Clark, as Successor Trustee of the BAYBA TRUST dated October 2nd, 1992, hereby grants undivided interests in the undivided 1/3 interest in that certain real property that is described above and situated in the State of California, County of Riverside, City of Riverside, to the following transferees in the proportions noted, all as tenants in common:

Name of Grantee

Undivided Interest Transferred

RONALD J. KRSTYEN	1/2 of the 1/3 undivided Interest held by Grantor (1/6 of the entire property)
SCOTT WIEGERS	1/10 of the 1/3 undivided Interest held by Grantor (1/30 of the entire property)
JAYME LYNN WEIGERS	1/10 of the 1/3 undivided Interest held by Grantor (1/30 of the entire property)
JOSEPH WIEGERS	1/10 of the 1/3 undivided Interest held by Grantor (1/30 of the entire property)
MELISSA KRSTYEN MARTINEZ	1/10 of the 1/3 undivided Interest held by Grantor (1/30 of the entire property)
JEFFREY KRSTYEN	1/10 of the 1/3 undivided Interest held by Grantor (1/30 of the entire property)

Date: ~~October~~ ^{December} 22, 2009

James C. Clark

James C. Clark, Successor Trustee
of the BAYBA TRUST dated October 2nd, 1992,

ACKNOWLEDGMENT

STATE OF ARIZONA

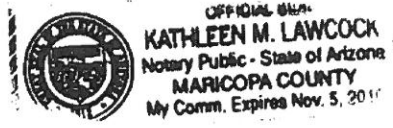
COUNTY OF Maricopa) ss

On December 22, 2009, before me, Kathleen M. Lawcock, a notary public, personally appeared James C. Clark, who 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 the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person 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.

Kathleen M. Lawcock



[Officer's seal]

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

RECEIVED

To: Jon Christensen, Treasurer-Tax Collector

2021 MAR -4 AM 11:38

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

TC 215 Item 1707 Parcel Identification Number: 583200050

Assessee: COLEMAN, LOREN TRUSTEE & NEDIA & JAMES, STEPHEN H & KRSTYEN, RONALD J ETAL

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 ^{RY} excess proceeds in the amount of \$ 1/3 from the sale of the above mentioned real property. ^{OWE WAS} 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. 218070; recorded on DEC 17, 1982. A copy of this document is attached hereto. ^{OWE} We are the rightful claimants by virtue of the attached assignment of interest. ^{OWE} I/We have listed below and attached hereto each item of documentation supporting the claim submitted. ^{ROG}

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

ATTACHED DOCUMENTATION:
GRANT DEED RECORDER'S DOCUMENT NO. 218070, RECORDED DEC 17, 1982
CERTIFIED COPY OF CERTIFICATE OF DEATH - STEPHEN HAMILTON JAMES - 04/14/1995
LAST WILL AND TESTAMENT FOR STEPHEN HAMILTON JAMES - 05/31/84

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 1 day of DECEMBER, 2020 at SAN DIEGO, CA
County, State

Ruth N. James
Signature of Claimant

N/A
Signature of Claimant

Ruth N. JAMES
Print Name

N/A
Print Name

1160 SEDONIA COURT
Street Address

N/A
Street Address

ENCINITAS, CA 92024
City, State, Zip

N/A
City, State, Zip

760-487-1808
Phone Number

N/A
Phone Number

AUTHORIZATION FOR AGENT 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 make ROMAINE DEBONA my agent to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 58320050 T215-1707 sold at public auction on MAY 5, 2020. I understand that I AM NOT SELLING MY RIGHT TO THE REFUND, but merely naming an agent for collection purposes for my convenience.

I also understand that the total of excess proceeds available for refund is \$ 36,153.39 and that I have a right to file a claim for this refund on my own, without the help of an agent. For valuable consideration received my agent is appointed to act on my behalf.

Ruth N. James
(Signature of Party of Interest)

RUTH N. JAMES
(Name Printed)

1160 SEDONIA CT.
(Address)

STATE OF CALIFORNIA)ss.
COUNTY OF SAN DIEGO)

ENCINITAS, CA 92024
(City/State/Zip)

760-487-1808
(Area Code/Telephone Number)

On 7/8/2021, before me, JUNG HAN, public notary personally appeared RUTH NOREEN JAMES, 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.

Jung Han
(Signature of Notary)



(This area for official seal)

I, the undersigned, certify under penalty of perjury that I have disclosed to the party of interest, pursuant to Section 4675 of the California Revenue and Taxation Code, the full amount of excess proceeds available and ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN, WITHOUT THE HELP OF AN AGENT.

Romaine DeBona
(Signature of Agent)

ROMAINE DEBONA
(Name Printed)

3153 RUE MONTREUX
(Address)

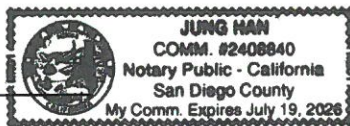
STATE OF CALIFORNIA)ss.
COUNTY OF SAN DIEGO)

ESCONDIDO, CA 92026
(City/State/Zip)

On 7/22/2023, before me, the undersigned, a Notary Public in and for said State, personally appeared ROMAINE DEBONA, 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.

Jung Han
(Signature of Notary)



(This area for official seal)

RECORDING REQUESTED BY

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

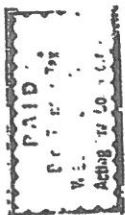
218070

NAME: LOREN N. COLEMAN, ETAL
P. O. Box 1115
Temecula, CA 92390

Title Order No.

Easrow No. 5678

218070



RECEIVED FOR RECORD AT 9:00 O'CLOCK A.M. CHICAGO TITLE INS. CO.

Book 1982 Page 218070

DEC 17 1982

Recorded in Official Records of Riverside County, California

William S. Blaney Recorder

Fees

SURVEYORS Monument Fund \$10.00

SPACE ABOVE THIS LINE FOR RECORDER'S USE

GRANT DEED

The undersigned declares that the documentary transfer tax is \$ 49.15 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 _____ and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
AGUANGA RANCHOS, LTD., a California partnership

hereby GRANT(S) to LOREN M. COLEMAN and NEERA LINDA COLEMAN, husband and wife, as joint tenants, as to an undivided 1/3 interest; and RICHARD HAYBA and MARY ANN HAYBA, husband and wife, as joint tenants, as to an undivided 1/3 interest; and STEPHEN H. JAMES and RUTH N. JAMES, husband and wife, as joint tenants, as to an undivided 1/3 interest.

the following described real property in the _____ unincorporated area of the _____ state of California:
county of Riverside

Parcel 3 of Parcel Map 15951 as per map thereof filed in Book 91, pages 65 through 74 of Parcel Maps, Riverside County Records.

SUBJECT TO:

1. Taxes for the fiscal year 1981-82.
2. Covenants, conditions, restrictions, reservations, easements and rights of way of record, if any.
3. A deed of trust now of record in favor of Herbert I. Singer.

Dated November 22, 1982

AGUANGA RANCHOS, LTD., a California partnership

BY: [Signature]
[Signature]

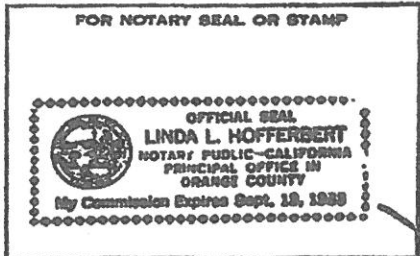
STATE OF CALIFORNIA }
COUNTY OF _____ } SS

STATE OF CALIFORNIA }
COUNTY OF _____ } SS

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

_____ known to me to be _____ of the partners of the partnership that executed the within instrument, and acknowledged to me that such partnership executed the same.

Signature: [Signature]



Mar. 1981 (06) Act Partnership (Rev. 1-82) 218070

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) Stephen		2. MIDDLE Hamilton		3. LAST (FAMILY) James	
4. DATE OF BIRTH M M / D D / C C Y Y 06/11/1933		5. AGE YRS. 61		6. SEX Male	
7. DATE OF DEATH M M / D D / C C Y Y 04/14/1995		8. HOUR 0025			
9. STATE OF BIRTH IA		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE 19 ___ To 19 ___ <input type="checkbox"/> NONE	
12. MARITAL STATUS Married		13. EDUCATION —YEARS COMPLETED 22			
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER U.S. Navy	
17. OCCUPATION Orthopedic Surgeon		18. KIND OF BUSINESS Military Medicine		19. YEARS IN OCCUPATION 38	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 1160 Sidonia Court					
21. CITY Encinitas		22. COUNTY San Diego		23. ZIP CODE 92024	
24. YRS IN COUNTY 31		25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP Ruth N. James Wife		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1160 Sidonia Court, Encinitas, CA 92024			
28. NAME OF SURVIVING SPOUSE—FIRST Ruth		29. MIDDLE Noreen		30. LAST (MAIDEN NAME) Skirda	
31. NAME OF FATHER—FIRST Roger		32. MIDDLE A.		33. LAST James	
34. BIRTH STATE OH		35. NAME OF MOTHER—FIRST Naomi		36. MIDDLE -	
37. LAST (MAIDEN) Bryant		38. BIRTH STATE IA			
39. DATE M M / D D / C C Y Y 04/17/1995		40. PLACE OF FINAL DISPOSITION Ft. Rosecrans National Cemetery, Point Loma, San Diego, CA			
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER Not Embalmed		43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR Encinitas Mortuary		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE M M / D D / C C Y Y 04/17/1995					
101. PLACE OF DEATH Scripps Memorial Hospital		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER	
104. COUNTY San Diego					
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 354 Santa Fe Drive				106. CITY Encinitas	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)					
IMMEDIATE CAUSE (A) Myocardial Infarction		TIME INTERVAL BETWEEN ONSET AND DEATH 1 hour		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 04-204	
DUE TO (B) Hypertensive Cardiovascular Disease		20 years		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 No					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No					
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 M M / D D / C C Y Y 01/01/1967		DECEDENT LAST SEEN ALIVE M M / D D / C C Y Y 03/04/1995		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>	
				116. LICENSE NO.	
				117. DATE M M / D D / C C Y Y 04/16/1995	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP David R. James, M.D., 300 Homer St., Palo Alto CA 94301					
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M M / D D / C C Y Y	
		122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M M / D D / C C Y Y		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
A B C D E F G H				FAX AUTH. #	
				9505178	
				CENSUS TRACT	

COUNTY OF SAN DIEGO - DEPARTMENT OF HEALTH SERVICES 3851 ROSECRANS ST. THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF SAN DIEGO, DEPARTMENT OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED.

REGISTRAR OF VITAL RECORDS

DATE ISSUED: April 18, 1995

REQUIRED FEE PAID

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

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 215 Item 1707 Parcel Identification Number: 583200050

Assessee: COLEMAN, LOREN TRUSTEE & NEDIA & JAMES, STEPHEN H & KRSTYEN, RONALD J ETAL

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 \$ 7,348.00 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. 0248070; recorded on 12/17/1982. 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 9 day of July, 2021 at Glendora, CA - Los Angeles County
County, State


Signature of Claimant *see actual certificate*

Signature of Claimant

Stephanie Chavous
Print Name (for tax misfits)

Print Name

1220 Highland, Ste. 1371
Street Address

Street Address

Duarte, CA 91010
City, State, Zip

City, State, Zip

866 863-2268
Phone Number

Phone Number

RECEIVED
2021 JUN -7 PM 12:58
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

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

For valuable consideration, the undersigned Assignor(s) Sandra Coleman for Lauren Marion Coleman (Deceased), hereby assigns to Assignee(s) Tax Misfits, all rights, title and interest to collect twenty percent of the excess process which I am entitled to claim for the property which was sold at the Riverside County, CA public auction of tax-defaulted property that closed on the fifth day of May, 2020; APN number 583-200-050.

As the Assignor(s), I understand the amount of the excess proceeds eligible for distribution is \$36,743.00, and as a part of interest I am entitled to \$29,394.40.

Dated this 28 day of May, 2021 Sandra B Coleman
Signature

STATE OF California

COUNTY OF Riverside

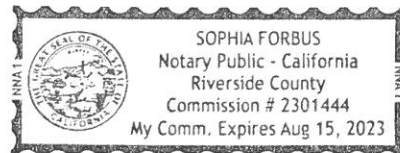
On 05/28/2021 before me, Sophia Forbus, Notary Public personally

appeared Sandra A. Coleman, who proved to me on the basis of satisfactory evidence to be the person(s) whose names(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



DECLARATION

I, Assignor(s) Sandra Coleman for Lauren Marion Coleman (Decedent), declare the following to be true and correct with respect to my assignment of rights to claim excess proceeds to Assignee(s) Tax Misfits, for parcel number 583200050 from the public auction of tax-defaulted property sale that closed on the fifth day of May 2020 in Riverside County, CA.

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 5/28/2021 Signature Sandra B Coleman
Name (print) sandra a. Coleman Address 27280 Nicolas Rd Bld D 303
City Temecula State ca Zip Code 92591 Phone (951) 265-5064

Order No.
 Escrow No.
 Loan No.

047773

WHEN RECORDED MAIL TO:
 Loren Coleman
 Sandra Ann Coleman
 38585 Calle De La Siesta
 Murrieta, California 92362
 Hot Springs

RECEIVED FOR RECORD
 AT 8:30 O'CLOCK A.M.

FEB -7 1990
 Recorded in Official Records
 of Riverside County, California
 William E. Parody
 Recorder
 Files 3

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENT TO:

Loren Coleman
 Sandra Ann Coleman
 38585 Calle De La Siesta
 Murrieta Hot Springs, Ca. 92362

DOCUMENTARY TRANSFER TAX \$ -0- (No Consideration)

..... 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.

Signature of Declarant or Agent determining tax - Firm Name

APN: 583-200-050-3

QUITCLAIM DEED

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

LOREN M. COLEMAN

does hereby REMISE, RELEASE AND FOREVER QUITCLAIM to LOREN M. COLEMAN and SANDRA ANN COLEMAN, Cotrustees under the First Amendment to that certain revocable Declaration of Trust dated 4/21/89 and also known as the LOREN MARION COLEMAN SEPARATE PROPERTY TRUST, Amendment dated 1/26/90, as to an undivided 1/3 interest the real property in the City of _____, State of California, described as _____ in County of Riverside

Parcel 3 of Parcel Map 15951 as per map thereof filed in Book 91, pages 65 through 74 of Parcel Maps, Riverside County Records

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.

Dated January 26, 1990

Loren M. Coleman
 LOREN M. COLEMAN

STATE OF CALIFORNIA) ss.
 COUNTY OF San Diego) ss.

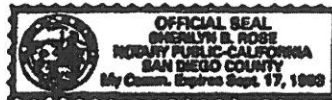
On January 26, 1990

before me, the undersigned, a Notary Public in and for said State,
 personally appeared LOREN M. COLEMAN

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same.

WITNESS my hand and official seal.

Signature Sheryl B. Rose



(This area for official notarial seal)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

1085 (6/82)

END RECORDED DOCUMENT

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CA 92701

CERTIFICATE OF DEATH

3201030011869

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITE OUTS OR ALTERATIONS VS-1 (REV. 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
LOREN		MARION		COLEMAN	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX	
12/05/1933		76		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
MINNESOTA				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SOP (at time of death)		13. EDUCATION - Highest Level/Degree		14.15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)	
MARRIED		BACHELOR		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. YEARS IN OCCUPATION	
WHITE		LIEUTENANT COMMANDER		US NAVY	
20. DECEDENT'S RESIDENCE (Street and number, or location)		21. CITY		22. COUNTY/PROVINCE	
32702 POINTE STIRLING APT. B		DANA POINT		ORANGE	
23. ZIP CODE		24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
92629		75		CALIFORNIA	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
SANDRA COLEMAN, SPOUSE		32702 POINTE STIRLING APT. B, DANA POINT, CA 92629			
28. NAME OF SURVIVING SPOUSE/SOP-FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
SANDRA		ANN		LEVDY	
31. NAME OF FATHER/PARENT-FIRST		32. MIDDLE		33. LAST	
MARION		HARVEY		COLEMAN	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT-FIRST		36. MIDDLE	
IOWA		DOROTHY		-	
37. LAST (BIRTH NAME)		38. BIRTH STATE		39. BIRTH STATE	
RILEY		IOWA		IOWA	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITIONS		42. SIGNATURE OF EMBALMER	
RESIDENCE OF SANDRA COLEMAN 32702 POINTE STIRLING APT. B, DANA POINT, CA 92629		CR/RES		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
		THE OMEGA SOCIETY		ERIC G. HANDLER, M.D.	
47. DATE mm/dd/yyyy		101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
09/08/2010		RESIDENCE/HOSPICE		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE		104. CITY		105. IF OTHER THAN HOSPITAL, SPECIFY ONE	
Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/>		DANA POINT			
106. CITY		107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER	
DANA POINT		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 ventilator liberation without showing the etiology. DO NOT abbreviate.		109. BASIS REPORTED TO CORONER	
109. BASIS REPORTED TO CORONER		IMMEDIATE CAUSE (Final disease or condition resulting in death)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
10-05132-OS		PULMONARY FAILURE		110. AUTOPSY PERFORMED?	
110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. HOURS IN LAST YEAR?	
112. HOURS IN LAST YEAR?		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		NONE		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	
NONE		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
J MARK GALBRAITH M.D.		F03		09/08/2010	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		120. INJURED AT WORK?	
J MARK GALBRAITH M.D. 25500 RANCHO NIGUEL RD STE 240, LAGUNA NIGUEL, CA 92677		J MARK GALBRAITH M.D. 25500 RANCHO NIGUEL RD STE 240, LAGUNA NIGUEL, CA 92677		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
09/18/2007		09/01/2010			
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/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		FAX AUTH.#	
STATE REGISTRAR		A B C D E		CENSUS TRACT	

RECEIVED
ARMED FORCES
BENEFIT ASSOCIATION
2010 OCT -1 A 11:44

SEP 18 2010



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Eric G. Handler H.O.
ERIC G. HANDLER, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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

