

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



ITEM: 19.28
(ID # 24359)

MEETING DATE:

Tuesday, September 17, 2024

FROM : TREASURER-TAX COLLECTOR

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 217, Item 4722. Last assessed to: Patricia Scott Field, a single woman, as her sole and separate property. District 4. [\$3,161-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Tiffany Hall, heir to the Estate of Patricia Scott Field, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 636022011;
2. Approve the claim from Melanie Wenk, heir to the Estate of Patricia Scott Field, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 636022011; and
3. Authorize and direct the Auditor-Controller to issue a warrant to Tiffany Hall, heir to the Estate of Patricia Scott Field in the amount of \$1,580.65 and to Melanie Wenk, heir to the Estate of Patricia Scott Field in the amount of \$1,580.64, 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.

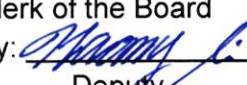
ACTION:Policy


Matthew Jennings, Treasurer-Tax Collector 9/3/2024

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Washington, Perez and Gutierrez
Nays: None
Absent: Spiegel
Date: September 17, 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	\$ 3,161	\$ 0	\$ 3,161	\$ 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 18, 2021 public auction sale. The deed conveying title to the purchasers at the auction was recorded July 28, 2021. 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 4, 2021 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 Tiffany Hall, heir to the Estate of Patricia Scott Field based on a Quitclaim Deed recorded December 22, 1983 as Instrument No. 1983-265053, an Affidavit for Collection of Personal Property notarized February 10, 2024, and a Certificate of Death for Patricia Scott Field AKA Patricia Joy Field.
2. Claim from Melanie Wenk, heir to the Estate of Patricia Scott Field based on a Quitclaim Deed recorded December 22, 1983 as Instrument No. 1983-265053, an Affidavit for Collection of Personal Property notarized February 10, 2024, and a Certificate of Death for Patricia Scott Field AKA Patricia Joy Field.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Tiffany Hall, heir to the Estate of Patricia Scott Field be awarded excess proceeds in the amount of \$1,580.65 and Melanie Wenk, heir to the Estate of Patricia Scott Field be awarded excess proceeds in amount of \$1,580.64. 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 heirs 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 Hall

ATTACHMENT B. Claim Wenk


Cesar Bernal, PRINCIPAL MGMT ANALYST 9/4/2024


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

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

To: Matthew Jennings, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 217 ITEM 4722 Parcel Identification Number: 636022011

Assessee: FIELD, PATRICIA SCOTT

Situs:

Date Sold: May 18, 2021

Date Deed to Purchaser Recorded: July 28, 2021

Final Date to Submit Claim: July 28, 2022

RECEIVED
2022 MAY 31 PM 2:14
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

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.

My mother is Patricia Jay Scott Field. She passed away on April 12, 2021. My mom died with no assets, therefore no will or trust. My name, Melanie Wenk, is listed on the death certificate (which I have attached). I am one of two daughters. We have both completed & signed the form.

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 24th day of May, 2022 at Orange County, California
County, State

Melanie Wenk

Tiffany Hall
Signature of Claimant

Tiffany Hall (daughter)
Print Name

260 Treehaven Court
Street Address

Buda, TX 78610
City, State, Zip

512-291-6296
Phone Number

TiffanyHall2323@gmail.com
Email Address

265053

Order No
Escrow No
Loan No

WHEN RECORDED MAIL TO

PHILLIP D. EATON
303 West Santa Ana Blvd.
Santa Ana, Calif. 92701

RECEIVED FOR RECORD
AT 11:00 O'CLOCK AM
in Presence of
Book 1983, Page 265053
DEC 2 1983
Notary Public
of Riverside County, California
William J. Blaney
Notary

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO:
PATRICIA SCOTT FIELD
21871 Oceanbreeze Lane
Huntington Beach, Ca. 92646

DOCUMENTARY TRANSFER TAX \$ 0 - Family Transfer
COMPUTED ON FULL VALUE OF PROPERTY CONVEYED
COMPUTED ON FULL VALUE LESS LIENS AND
ENCUMBRANCES REMAINING AT TIME OF SALE

Signature of Deed Grantor: Patricia Scott Field
Signature of Deed Grantee: William J. Blaney, Attorney

QUITCLAIM DEED

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

BARBARA SCOTT HALL, JOHN BRUCE SCOTT and JEFFREY CRAIG SCOTT

do hereby REMISE, RELEASE AND FOREVER QUITCLAIM to
PATRICIA SCOTT FIELD, a single woman, as her sole and separate property

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

Lot 144 of records of survey map in Book 32, Pages 29 through 32, in the
records of Riverside County, State of California. All in Section 9,
Township 7 south, range 5 east, S88&M.

A. P. Number: 636022011-5

Dated October 20, 1983
STATE OF CALIFORNIA
COUNTY OF ORANGE

Barbara Scott Hall
BARBARA SCOTT HALL
John Bruce Scott
JOHN BRUCE SCOTT

JEFFREY CRAIG SCOTT
Jeffrey Craig Scott

On October 20, 1983
before me, the undersigned, a Notary Public in and for said
State, personally appeared BARBARA SCOTT HALL,
JOHN BRUCE SCOTT, and JEFFREY CRAIG SCOTT

known to me to be the person whose name is set
subscribed to the within instrument and acknowledged that
they executed the same

WITNESS my hand and official seal.
Signature *Helicia Monroy*
HELICIA MONROY

(This area for official notarial seal)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

1028 (10-80)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

3052021106992

CERTIFICATE OF DEATH

3202130009142

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) PATRICIA		3. LAST (Family) FIELD	
2. MIDDLE JOY		4. DATE OF BIRTH mm/dd/yyyy 06/15/1945	
5. AGE Yrs 75		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY IL		12. MARITAL STATUS (as of time of death) DIVORCED	
10. SOCIAL SECURITY NUMBER [REDACTED]		7. DATE OF DEATH mm/dd/yyyy 04/12/2021	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		8. HOUR (24 hours) 1616	
13. EDUCATION—Highest completed (see instructions on back) ASSOCIATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see instruction on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED OFFICE ADMINISTRATOR		16. DECEDENT'S RACE—Up to 3 races may be listed (see instructions on back) WHITE	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED OFFICE ADMINISTRATOR		18. YEARS IN OCCUPATION 30	
20. DECEDENT'S RESIDENCE (Street and number, or location) 17132 ERWIN LANE			
21. CITY HUNTINGTON BEACH		22. COUNTY/PROVINCE ORANGE	
23. ZIP CODE 92647		24. YEARS IN COUNTY 30	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP MELANIE WENK, DAUGHTER	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city, or town, state and zip) 2113 AVENIDA OLIVA, SAN CLEMENTE, CA 92673		28. NAME OF SURVIVING SPOUSE/GRP—FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT—FIRST JACK		32. MIDDLE ALEXANDER	
33. LAST SCOTT		34. BIRTH STATE IL	
35. NAME OF MOTHER/PARENT—FIRST LAVERNE		36. MIDDLE -	
37. LAST (BIRTH NAME) CANNING		38. BIRTH STATE IL	
39. DISPOSITION DATE mm/dd/yyyy 04/16/2021		40. PLACE OF FINAL DISPOSITION AT SEA OFF THE COAST OF ORANGE COUNTY	
41. TYPE OF DISPOSITIONS CR/SEA		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT THE OMEGA SOCIETY	
45. LICENSE NUMBER FD1280		46. SIGNATURE OF LOCAL REGISTRAR CLAYTON CHAU, MD, PHD	
47. DATE mm/dd/yyyy 04/16/2021		48. SIGNATURE OF LOCAL REGISTRAR CLAYTON CHAU, MD, PHD	
101. PLACE OF DEATH DECEDENT'S RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ENOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY ORANGE		105. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ENOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 17132 ERWIN LANE		106. CITY HUNTINGTON BEACH	
107. CAUSE OF DEATH Enter the chain of events—showing, if known, or complications—that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) <input checked="" type="checkbox"/> CARDIOPULMONARY ARREST		108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
CONGESTIVE HEART FAILURE		109. BACUPY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (B) above or injury that initiated the events resulting in death. LAST		110. AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
ATRIAL FIBRILLATION		111. USED IN DETERMINING CAUSE? (D) <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date. NO			
114. 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 After (A) mm/dd/yyyy (B) mm/dd/yyyy 06/11/2020 02/09/2021		115. SIGNATURE AND TITLE OF CERTIFIER RATUL CHATTERJEE M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 19582 BEACH BOULEVARD SUITE 314, HUNTINGTON BEACH, CA 92648		116. LICENSE NUMBER 117. DATE mm/dd/yyyy A79661 04/16/2021	
118. CERTIFY THAT IN MY JUDGMENT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
119. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
120. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
121. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
122. SIGNATURE OF CORONER / DEPUTY CORONER		123. DATE mm/dd/yyyy	
124. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		125. SIGNATURE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH #	
A B C D E		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED April 20, 2021

STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

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.

Clayton Chau MD, PhD

CLAYTON CHAU, MD, PHD
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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

RECEIVED

2024 FEB 21 PM 1:41

RIVERSIDE COUNTY
TREASURER TAX COLLECTOR

The undersigned state(s) as follows:

1. (Decedent's Name) Patricia Joy Field died on (date) 12/12/2021, in County of Orange, 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:

The excess proceeds from Vesting Instrument No. 1983-204904 from Riverside County.

7. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:

Melanie Rae Wenk and Tiffany Rae Hall

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: 2/10/2024

Tiffany R. Hall Tiffany R. Hall
Name:

Dated: 02/10/2024

Melanie Rae Wenk Melanie Rae Wenk
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
COUNTY OF MENDOCINO

On 02/10/2024 before me, Estrellita Contreras Garcia/Notary personally appeared Melanie Rae Wonic and Tiffany Rae Hall, 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)



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

To: Matthew Jennings, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 217 ITEM 4722 Parcel Identification Number: 636022011

Assessee: FIELD, PATRICIA SCOTT

Situs:

Date Sold: May 18, 2021

Date Deed to Purchaser Recorded: July 28, 2021

Final Date to Submit Claim: July 28, 2022

RECEIVED
2022 MAY 31 PM 2:14
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

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.

My mother is Patricia Jay Scott Field. She passed away on April 12, 2021. My mom died with no assets, therefore no will or trust. My name, Melanie Wenk, is listed on the death certificate (which I have attached). I am one of two daughters. We have both completed & signed the form.

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 24th day of May, 2022 at Orange County, California
County, State

Melanie Wenk
Signature of Claimant

Deffan Hall
Signature of Claimant

Melanie Wenk
Print Name

2113 Avenida Oliva
Street Address

San Clemente, CA 92673
City, State, Zip

(949) 698-2989
Phone Number

Melwenk949@yahoo.com
Email Address

265053

Order No
Escrow No
Loan No

WHEN RECORDED MAIL TO

PHILLIP D. EATO,
303 West Santa Ana Blvd.
Santa Ana, Calif. 92701

RECEIVED FOR RECORD
AT 11:00 O'CLOCK AM
in Presence of
Book 1983, Page 265053

DEC 2 1983
Notary Public
of Riverside County, California
William J. Blumley
Notary

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO:
PATRICIA SCOTT FIELD
21871 Oceanbreeze Lane
Huntington Beach, Ca. 92646

DOCUMENTARY TRANSFER TAX \$ 0 - Family Transfer
COMPUTED ON FULL VALUE OF PROPERTY CONVEYED
COMPUTED ON FULL VALUE LESS LIENS AND
ENCUMBRANCES REMAINING AT TIME OF SALE

Signature of Deed Grantor: Patricia Scott Field
Signature of Deed Grantee: William J. Blumley, Attorney

QUITCLAIM DEED

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

BARBARA SCOTT HALL, JOHN BRUCE SCOTT and JEFFREY CRAIG SCOTT

do hereby REMISE, RELEASE AND FOREVER QUITCLAIM to
PATRICIA SCOTT FIELD, a single woman, as her sole and separate property

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

Lot 144 of records of survey map in Book 32, Pages 29 through 32, in the
records of Riverside County, State of California. All in Section 9,
Township 7 south, range 5 east, S88&M.

A. P. Number: 636022011-5

Dated October 20, 1983
STATE OF CALIFORNIA
COUNTY OF ORANGE

Barbara Scott Hall
BARBARA SCOTT HALL
John Bruce Scott
JOHN BRUCE SCOTT

JEFFREY CRAIG SCOTT
Jeffrey Craig Scott

On October 20, 1983
before me, the undersigned, a Notary Public in and for said
State, personally appeared BARBARA SCOTT HALL,
JOHN BRUCE SCOTT, and JEFFREY CRAIG SCOTT

known to me to be the person whose name is set
subscribed to the within instrument and acknowledged that
they executed the same

WITNESS my hand and official seal.
Signature *Helicia Monroy*
HELICIA MONROY

(This area for official notarial seal)

1089 (10-80)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

3052021106992

CERTIFICATE OF DEATH

3202130009142

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT - FIRST (Given) PATRICIA		2. MIDDLE JOY		3. LAST (Family) FIELD	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 06/15/1945		6. AGE Yrs 75	
9. BIRTH STATE/FOREIGN COUNTRY IL		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SRDP* (at time of death) DIVORCED		7. DATE OF DEATH mm/dd/yyyy 04/12/2021		8. HOUR (24 hours) 1616	
13. EDUCATION - Highest Level/Degree (see instructions on back) ASSOCIATE		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED OFFICE ADMINISTRATOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AVIATION		19. YEARS IN OCCUPATION 30	
20. DECEDENT'S RESIDENCE (Street and number, or location) 17132 ERWIN LANE					
21. CITY HUNTINGTON BEACH		22. COUNTY/PROVINCE ORANGE		23. ZIP CODE 92647	
24. YEARS IN COUNTY 30		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP MELANIE WENK, DAUGHTER			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city, or town, state and zip) 2113 AVENIDA OLIVA, SAN CLEMENTE, CA 92673		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST JACK		32. MIDDLE ALEXANDER		33. LAST SCOTT	
34. BIRTH STATE IL		35. NAME OF MOTHER/PARENT - FIRST LAVERNE		36. MIDDLE -	
37. LAST (BIRTH NAME) CANNING		38. BIRTH STATE IL		39. BIRTH STATE IL	
38. DISPOSITION DATE mm/dd/yyyy 04/16/2021		40. PLACE OF FINAL DISPOSITION AT SEA OFF THE COAST OF ORANGE COUNTY			
41. TYPE OF DISPOSITION(S) CR/SEA		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT THE OMEGA SOCIETY		45. LICENSE NUMBER FD1280		46. SIGNATURE OF LOCAL REGISTRAR CLAYTON CHAU, MD, PHD	
47. DATE mm/dd/yyyy 04/16/2021					
101. PLACE OF DEATH DECEDENT'S RESIDENCE					
104. COUNTY ORANGE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 17132 ERWIN LANE		106. CITY HUNTINGTON BEACH	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIOPULMONARY ARREST (B) CONGESTIVE HEART FAILURE (C) ATRIAL FIBRILLATION					
108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MINS 21-02491-BB					
109. BICOPS PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
110. AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
111. USED IN DETERMINING CAUSE? (D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
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: (A) mm/dd/yyyy (B) mm/dd/yyyy 06/11/2020 02/09/2021		115. SIGNATURE AND TITLE OF CERTIFIER RATUL CHATTERJEE M.D.		116. LICENSE NUMBER 117. DATE mm/dd/yyyy A79661 04/16/2021	
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 type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RATUL CHATTERJEE M.D., 19582 BEACH BOULEVARD SUITE 314, HUNTINGTON BEACH, CA 92648		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. SIGNATURE OF CORONER / DEPUTY CORONER					
121. DATE mm/dd/yyyy					
122. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR		A B C D E		FAX AUTH.# CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED April 20, 2021

STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

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.

Clayton Chau MD, PhD

CLAYTON CHAU, MD, PHD
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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

RECEIVED

2024 FEB 21 PM 1:41

RIVERSIDE COUNTY
TREASURER TAX COLLECTOR

The undersigned state(s) as follows:

1. (Decedent's Name) Patricia Joy Field died on (date) 12/12/2021, in County of Orange, 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:

The excess proceeds from Vesting Instrument No. 1983-204904 from Riverside County.

7. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:

Melanie Rae Wenk and Tiffany Rae Hall

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: 2/10/2024

Tiffany R. Hall Tiffany R. Hall
Name:

Dated: 02/10/2024

Melanie Rae Wenk Melanie Rae Wenk
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
COUNTY OF MENDOCINO

On 02/10/2024 before me, Estrellita Contreras Garcia/Notary personally appeared Melanie Rae Wenzel and Tiffany Rae Hall, 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)

