

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



**ITEM: 21.9**  
(ID # 27329)

**MEETING DATE:**  
Tuesday, May 06, 2025

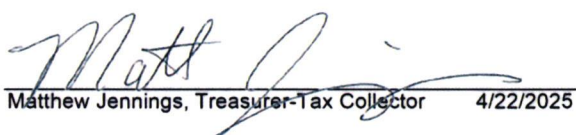
**FROM :** TREASURER-TAX COLLECTOR

**SUBJECT:** TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 219, Item 61. Last assessed to: Frances Ethlyn Jones, a married woman as her sole and separate property. District 3. [\$19,483-Fund 65595 Excess Proceeds from Tax Sale]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve the claim from the City of Menifee, Code Enforcement Division for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 350223006;
2. Approve the claim from John M. Kalajian, Agent for Michael A. Jones, heir to the Estate of Frances Ethlyn Jones for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 350223006; and
3. Authorize and direct the Auditor-Controller to issue a warrant to the City of Menifee, Code Enforcement Division in the amount of \$2,163.00 and to John M. Kalajian, Agent for Michael A. Jones, heir to the Estate of Frances Ethlyn Jones in the amount of \$17,319.90 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 4/22/2025

---

**MINUTES OF THE BOARD OF SUPERVISORS**

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

Ayes: Medina, Spiegel, Washington, Perez and Gutierrez  
Nays: None  
Absent: None  
Date: May 6, 2025  
xc: TTC

Kimberly A. Rector  
Clerk of the Board  
By:   
Deputy

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

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$ 19,483	\$ 0	\$ 19,483	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS:</b> Fund 65595 Excess Proceeds from Tax Sale.			<b>Budget Adjustment:</b>	NO
			<b>For Fiscal Year:</b>	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 02, 2023 public auction sale. The deed conveying title to the purchasers at the auction was recorded June 20, 2023. 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 13, 2023 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 the City of Menifee, Code Enforcement Division based on Notices of Pendency of Administrative Proceedings recorded July 13, 2015 and October 27, 2020 as Instrument No. 2015-0301976 and 2020-0520299 (respectively).
2. Claim from John M. Kalajian, Agent for Michael A. Jones, heir to the Estate of Frances Ethlyn Jones based on an Authorization for Agent to Collect Excess Proceeds notarized March 21, 2025, a Grant Deed recorded on March 26, 2007 as Instrument No. 2007-0204282, a Declaration for Collection of Personal Property Under California Probate Code Sections 13100-13106 notarized January 25, 2024, and a Certificate of Death for Frances Ethlyn Jones.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that the City of Menifee, Code Enforcement Division be awarded excess proceeds in the amount of \$2,163.00 and John M. Kalajian, Agent for Michael A. Jones, heir to the Estate of Frances Ethlyn Jones be awarded excess proceeds in the amount of \$17,319.90. 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 an heir to 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 Meniffee

ATTACHMENT B. Claim Jones

  
Cesar Bernal, PRINCIPAL MGMT ANALYST 4/25/2025

  
Aaron Gettis, Chief of Deputy County Counsel 4/4/2025



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

To: **Matthew Jennings, Treasurer-Tax Collector**Re: **Claim for Excess Proceeds**

TC 219 ITEM 61 Parcel Identification Number: 350223006

Assessee: JONES, FRANCES ETHLYN

Situs:

Date Sold: 05/02/2023

Date Deed to Purchaser Recorded: 06/20/2023

**Final Date to Submit Claim: 06/20/2024**

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 2730.51 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 2026-0520299, recorded on 10/27/2020. 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.**SEE ATTACHED DEMAND PAY OFF AND TWO NOTICE OF PENDENCY

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 19 day of JULY, 2023 at RIVERSIDE, CA  
County, State

Signature of Claimant

Signature of Claimant

ERIN YBANEZ - CODE ENFORCEMENT  
Print Name

Print Name

29714 HAUN RD  
Street Address

Street Address

MENIFEE, CA 92584  
City, State, Zip

City, State, Zip

(951) 723-1500  
Phone Number

Phone Number

eybanez@menifeepolice.org  
Email Address

Email Address

RIVERSIDE COUNTY  
TREASURER-TAX COLLECTION

2023 JUL 24 PM 2:24

RECEIVED



**CITY OF MENIFEE  
CODE ENFORCEMENT  
29714 HAUN ROAD  
MENIFEE, CA 92586**

S	Peter Maana Assessor-County Clerk-Recorder						NG	RFD	COPY
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
						T:	CTY	UNI	



CITY OF MENIFEE  
CODE ENFORCEMENT DIVISION  
29714 HAUN ROAD  
MENIFEE, CA 92586

## NOTICE OF PENDENCY OF ADMINISTRATIVE PROCEEDINGS

OWNER(S) OF RECORD:  
FRANCES ETHLYN JONES  
22427 NEEDLES ST  
CHATSWORTH, CA 91311

SITUS: 0 SHREEDER PL  
APN: 350-223-006  
Case No: CE-15-0734

NOTICE IS HEREBY GIVEN to all persons, pursuant to the City of Menifee Municipal Code, that administrative abatement proceedings have been commenced with respect to the following described real property in the City of Menifee, County of Riverside, State of California: LOT 6 BLK C MB 012/027 LAKE ELSINORE LODGE

The owner has been advised to immediately correct the above-referenced violation to avoid further action by the City of Menifee, which may include remediation, restoration, or demolition to abate the public nuisance or other remedies available to the Department by a court of competent jurisdiction. Any costs incurred by the City, including but not limited to investigative, administrative, and abatement costs and attorney's fees may become a special assessment lien on such property; that any purchaser, his/her heirs, or assigns acquiring said property subsequent to the recording of the Notice with the County Recorder shall have such interest subject and subordinate to said tax and assessment lien.

This Notice of Pendency will remain public record until all violations of the City of Menifee Municipal Code have been corrected and all direct costs incurred by the City have been paid and corrections verified by the Code Enforcement and/or Building and Safety Division.

Signature: Alisa A. Ontiveros  
Alisa Ontiveros  
Office Assistant  
CITY OF MENIFEE CODE ENFORCEMENT DIVISION

### 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 RIVERSIDE

On JUNE 19, 2015 before me, JENNIFER ALLEN, NOTARY PUBLIC

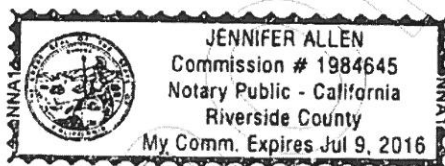
Personally appeared ALISA A. ONTIVEROS

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



PLEASE COMPLETE THIS INFORMATION  
RECORDING REQUESTED BY:

**CITY OF MENIFEE CODE  
ENFORCEMENT DIVISION**

AND WHEN RECORDED MAIL TO:

**CITY OF MENIFEE  
CODE ENFORCEMENT  
29844 HAUN ROAD  
MENIFEE, CA 92586**

**DOC # 2020-0520299**

10/27/2020 01:40 PM Fees: \$0.00

Page 1 of 2

Recorded in Official Records

County of Riverside

Peter Aldana

Assessor-County Clerk-Recorder

\*\*This document was electronically submitted  
to the County of Riverside for recording\*\*  
Receipted by: KAREN #277

Space above this line for recorder's use only

**NOTICE OF PENDENCY OF ADMINISTRATIVE PROCEEDINGS**

---

Title of Document

THIS PAGE ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING INFORMATION  
(\$3.00 Additional Recording Fee Applies)





CITY OF MENIFEE  
CODE ENFORCEMENT DIVISION  
29844 HAUN ROAD  
MENIFEE, CA 92586

## NOTICE OF PENDENCY OF ADMINISTRATIVE PROCEEDINGS

**OWNER(S) OF RECORD:**

JONES FRANCES  
ETHLYN  
22427 NEEDLES ST  
CHATSWORTH, CA 91311

SITUS: 0 SHREEDER  
PL  
APN: 350-223-006  
Case No: CE-20-1168

**NOTICE IS HEREBY GIVEN** to all persons, pursuant to the City of Menifee Municipal Code, that administrative abatement proceedings have been commenced with respect to the following described real property in the City of Menifee, County of Riverside, State of California: LAKE ELSINORE LODGE

Prior notice has been given to immediately correct the violation(s) to avoid further action by the City of Menifee, which may include remediation, restoration, or demolition to abate the public nuisance or other remedies available to the Department by a court of competent jurisdiction. Any costs incurred by the City, including but not limited to investigative, administrative, and abatement costs and attorney's fees may become a special assessment lien on such property; that any purchaser, his/her heirs, or assigns acquiring said property subsequent to the recording of the Notice with the County Recorder shall have such interest subject and subordinate to said tax and assessment lien.

This Notice of Pendency will remain public record until all violations of the City of Menifee Municipal Code have been corrected and all direct costs incurred by the City have been paid and corrections verified by the Code Enforcement and/or Building and Safety Division.

Signature: 

TERRENCE WIGGINS  
SR. CODE ENFORCEMENT OFFICER  
CITY OF MENIFEE CODE ENFORCEMENT DIVISION

### 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 RIVERSIDE

On October 1, 2020 before me, AMBER KEARNEY, NOTARY PUBLIC

Personally appeared TERRENCE WIGGINS

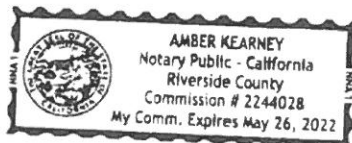
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),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



MATTHEW JENNINGS  
County of Riverside Treasurer - Tax Collector

Giovane Pizano  
Assistant Treasurer  
March 05, 2025



Melissa Johnson  
Assistant Tax Collector

CITY OF MENIFEE CODE ENFORCEMENT DIVISION  
C/O ERIN YBANEZ  
29714 HAUN RD.  
MENIFEE, CA 92586

Re: PIN: 350223006  
TC 219 Item 61  
Date of Sale: May 02, 2023

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  
☐ Revised Notarized Assignment of Right to Collect Excess Proceeds (use attached form)  
☐ Original Certified Death Certificate for  
☐ Copy of Birth Certificate for  
☐ Original Note/Payment Book

**X Updated Statement of Monies Owed (up to date of tax sale)**

☐ Articles of Incorporation (if applicable Statement by Domestic Stock)  
☐ Court Order Appointing Administrator  
☐ Copy of Deed (Quitclaim/Grant etc...)  
☐ Other:

Please send in all **original** documents by **April 05, 2025** 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

Sincerely,

**Juliana Urbina**

Senior Accounting Assistant  
Tax Sale Operations/Excess Proceeds  
PH: (951) 955-3336/Fax: (951) 955-399

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

CITY OF MENIFEE CODE  
ENFORCEMENT DIVISION  
C/O ERIN YBANEZ  
29714 HAUN RD.  
MENIFEE, CA 92586



9590 9402 7411 2055 3999 92

**2. Article Number (Transfer from service label)**

7003 2260 0004 1554 4601

**COMPLETE THIS SECTION**

**A. Signature**

**X**

**B. Received by (Printed Name)**

**D. Is delivery address different from the return address? If YES, enter delivery address**

**3. Service Type**

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)



Menifee Police Department  
29714 Haun Rd. | Menifee, CA 92586 | (951) 723-1500

**Chris Karrer, Chief of Police**

## DEMAND PAYOFF REQUEST FOR RELEASE OF NOTICE OF PENDENCY

March 13, 2025

Case Number(s): CE-15-0734; CE-17-1387; CE-19-1441; CE-20-1168

Assessor's Parcel Number: 350-223-006

Address of Property: SHREEDER PL

- ☒ All Code Enforcement violations have been corrected and/or removed.
- ☐ All Code Enforcement violations have **NOT** been corrected and/or removed please contact Code Enforcement directly for further information on how to resolve pending issues.
- ☐ All fees/payments related to this case have been paid.
- ☒ All fees/payments related to this case have **NOT** been paid. Please see page 2 of this page for instructions on how to pay the outstanding balance.

Total amount due: 2163.00

### PLEASE NOTE:

**RELEASE OF NOTICE OF PENDENCY CANNOT BE PROVIDED UNTIL PAYMENT HAS BEEN RECEIVED AND ALL OUTSTANDING VIOLATION(S) HAVE BEEN VERIFIED AS COMPLIANT.**

**IF CASE(S) HAVE NOT BEEN RESOLVED, ADDITIONAL FEES/FINES MAY INCUR.**





Menifee Police Department – Code Enforcement  
29714 Haun Rd. | Menifee, CA 92586 | (951) 723-1500

**Chris Karrer, Chief of Police**

## NOTICE OF FEES DUE

JONES FRANCES  
ETHLYN  
22427 NEEDLES ST  
CHATSWORTH, CA 91311

RE: 0 SHREEDER  
PL  
APN: 350-223-006  
Case No: CE-20-1168  
Officer: Officer Kearney

The City of Menifee has determined that the following fees are due for City incurred costs for code enforcement activities at the above address.

Fees are due for the following items:

Administrative Citation - First	July 23, 2020	Administrative Citation AC-20-008531	\$100.00
Administrative Citation - Second	August 20, 2020	Administrative Citation AC-20-008810	\$200.00
Late Charge Penalty	August 23, 2020	Administrative Citation AC-20-008531 Late Charge Penalty	\$25.00
Late Charge Penalty	September 20, 2020	Administrative Citation AC-20-008810 Late Charge Penalty	\$50.00
<b>Total Fees Due</b>			<b>\$375.00</b>

The amount of \$375.00 is due by June 11, 2025. Failure to make total payment shall result in a notice of lien on the subject property.

If you have any questions regarding this document, please feel free to call me at: (951) 723-3734.



Menifee Police Department – Code Enforcement  
29714 Haun Rd. | Menifee, CA 92586 | (951) 723-1500

**Chris Karrer, Chief of Police**

## NOTICE OF FEES DUE

JONES FRANCES  
ETHLYN  
22427 NEEDLES ST  
CHATSWORTH, CA 91311

RE: 0 SHREEDER  
APN: 350-223-006  
Case No: CE-19-1441  
Officer: Officer Montes

The City of Menifee has determined that the following fees are due for City incurred costs for code enforcement activities at the above address.

Fees are due for the following items:

Administrative Citation - First	June 18, 2019	Administrative Citation AC-19-006983	\$100.00
Late Charge Penalty	July 19, 2019	Administrative Citation AC-19-006983 Late Charge Penalty	\$25.00
Administrative Citation - Second	November 1, 2019	Administrative Citation AC-19-008055	\$200.00
Late Charge Penalty	December 2, 2019	Administrative Citation AC-19-008055 Late Charge Penalty	\$50.00
<b>Total Fees Due</b>			<b>\$375.00</b>

The amount of \$375.00 is due by June 11, 2025. Failure to make total payment shall result in a notice of lien on the subject property.

If you have any questions regarding this document, please feel free to call me at: (951) 723-3762.



Menifee Police Department – Code Enforcement  
29714 Haun Rd. | Menifee, CA 92586 | (951) 723-1500

**Chris Karrer, Chief of Police**

## NOTICE OF FEES DUE

**JONES FRANCES  
ETHLYN  
22427 NEEDLES ST  
CHATSWORTH, CA 91311**

**RE: 0  
APN: 350-223-006  
Case No: CE-17-1387  
Officer: Irma Salazar**

The City of Menifee has determined that the following fees are due for City incurred costs for code enforcement activities at the above address.

Fees are due for the following items:

Administrative Citation - First	June 29, 2017	Administrative Citation AC-17-004376	\$100.00
Abatement	June 29, 2017	IEPS invoice # 594	\$162.00
Administrative Fee	July 3, 2017	Admin Fee	\$126.00
Late Charge Penalty	July 30, 2017	Administrative Citation AC-17-004376 Late Charge Penalty	\$25.00
<b>Total Fees Due</b>			<b>\$413.00</b>

The amount of \$413.00 is due by June 11, 2025. Failure to make total payment shall result in a notice of lien on the subject property.

If you have any questions regarding this document, please feel free to call me at: (951) 723-3735.





**Chris Karrer, Chief of Police**

## NOTICE OF FEES DUE

**FRANCES ETHLYN JONES  
22427 NEEDLES ST  
CHATSWORTH, CA 91311**

**RE: 0 SHREEDER  
PL  
APN: 350-223-006  
Case No: CE-15-0734  
Officer: Aviegail Barron**

The City of Menifee has determined that the following fees are due for City incurred costs for code enforcement activities at the above address.

Fees are due for the following items:

Administrative Citation - First	June 19, 2015	Administrative Citation AC-15-002417	\$100.00
Late Charge Penalty	July 20, 2015	Administrative Citation AC-15-002417 Late Charge Penalty	\$25.00
Administrative Citation - Second	August 25, 2015	Administrative Citation AC-15-002705	\$200.00
Late Charge Penalty	September 25, 2015	Administrative Citation AC-15-002705 Late Charge Penalty	\$50.00
Administrative Citation - Third	December 14, 2015	Administrative Citation AC-15-002903	\$500.00
Late Charge Penalty	January 14, 2016	Administrative Citation AC-15-002903 Late Charge Penalty	\$125.00
<b>Total Fees Due</b>			<b>\$1,000.00</b>

The amount of \$1,000.00 is due by June 11, 2025. Failure to make total payment shall result in a notice of lien on the subject property.

If you have any questions regarding this document, please feel free to call me at: (951) 723-3735.

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

RECEIVED

To: Matthew Jennings, Treasurer-Tax Collector

2024 MAR 21 PM 3:55

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

TC: 219 ITEM 61 Parcel Identification Number: 350223006

Owner: JONES, FRANCES ETHLYN

Situs Address:

Date Sold: 05/02/2023

Date Deed to Purchaser Recorded: 06/20/2023

Final Date to Submit Claim: 06/20/2024

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 23,141.00 from the sale of the above mentioned real property. I/We were the [ ] lienholder(s), ☒ property owner(s) [please check one] 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.

## Notarized Declaration for Collection of Personal Property Under California Probate Code Sections

~~13100-13106;~~~~Certified copy of California Birth Certificate for claimant Michael Allen Jones~~~~Copy of Death Certificate for decedent Frances Ethlyn Jones~~~~Copy of CA driver's license for claimant Michael Allen Jones~~

If the property is held in Joint Tenancy, the tax sale 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 12th day of March, 2024 at Ventura County, CA

County, State

Signature of Claimant  
John M. Kalajian Attorney at Law

Signature of Claimant

Print Name  
Post Office Box 1690

Print Name

Street Address  
Simi Valley, CA 93062-1690

Street Address

City, State, Zip  
805 526 8499

City, State, Zip

Phone Number  
johnkalajian@gmail.com

Phone Number

Email Address

Email Address



**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 **JOHN M. KALAJIAN** 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 350223006 sold at public auction on MAY 2, 2023. I understand that I AM NOT SELLING MY RIGHT TO THE REFUND, but merely naming an agent for collection purposes for my convenience. I have been informed that I can file a claim for the excess proceeds directly with the county at no cost.

I also understand that the total of excess proceeds available for refund is \$ \$23,141.00 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.

*Michael A Jones*  
(Signature of Party of Interest)

Michael A Jones  
(Name Printed)

2044 Warner Ave  
(Address)

STATE OF CALIFORNIA )ss.  
COUNTY OF Ventura

Simi, CALIF 93065  
(City/State/Zip)

805 795-7663  
(Area Code/Telephone Number)

On March 19, 2025, before me, Cynthia Kidd, Notary Public, personally appeared Michael A Jones, 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.

See attached for  
California Notary Certificate  
(This area for official seal)

*Cynthia Kidd*  
(Signature of Notary)

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.

*John M. Kalajian*  
(Signature of Agent)

STATE OF CALIFORNIA )ss.  
COUNTY OF Ventura

**JOHN M. KALAJIAN**  
**Attorney at Law**  
**Post Office Box 1690**  
**Simi Valley, CA 93062-1690**

On March 21, 2025, before me, the undersigned, a Notary Public in and for said State, personally appeared John M. Kalajian, 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.

(This area for official seal)

*Cynthia Kidd*  
(Signature of Notary)

See attached for  
California Notary Certificate

Rev. 8/2024



## ACKNOWLEDGMENT

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

State of California  
County of Ventura )

On March 19th, 2025 before me, Cynthia Kidd, Notary Public  
(insert name and title of the officer)

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

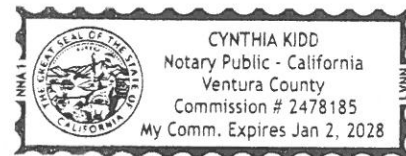
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing  
paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)



## ACKNOWLEDGMENT

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

State of California  
County of Ventura)

On March 21st 2025 before me, Cynthia Kidd, Notary Public  
(insert name and title of the officer)

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

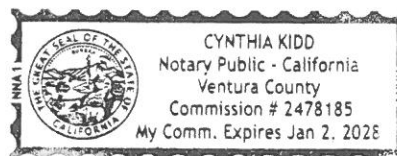
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing  
paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)



RECORDING REQUESTED BY  
AND WHEN RECORDED MAIL TO:

Frances Ethlyn Jones  
22427 Needles St.  
Chatsworth, Ca 91311

DOC # 2007-0204282  
03/26/2007 08:00A Fee:13.00  
Page 1 of 3

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



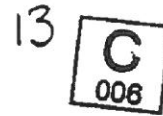
S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
1			3						
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM

A.P.N.:

Order No.:

### GRANT DEED

THE UNDERSIGNED GRANTOR(S) DECLARE(S) THAT DOCUMENTARY TRANSFER TAX IS: COUNTY \$ 0  
[ ] computed on full value of property conveyed, or  
[ ] computed on full value less value of liens or encumbrances remaining at time of sale,  
unincorporated area; [ ] City of \_\_\_\_\_, and



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

Jeanne Allyce McGuire, (formerly Jeanne Allyce Lowery) Executor of the Estate of Allyce Allen McGuire

hereby GRANT(S) to Frances Ethlyn Jones, a married woman as her sole and separate property

the following described property in the City of Lake Elsinore, County of Riverside State of  
California; Lots 5 and 6, Block C, Tract One of Lake Elsinore Lodge as shown by map on file in the office of the  
County Recorder of Riverside County, California. Book 12 of Maps at Page 27 thereof.

More commonly known as: Vacant land

Document Date: 4-14-06

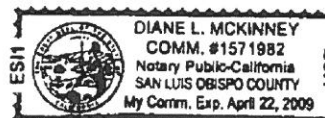
Jeanne Allyce McGuire  
Jeanne Allyce McGuire  
(formerly Jeanne Allyce Lowery)  
Executor of the Estate of Allyce Allen McGuire

STATE OF CALIFORNIA )  
COUNTY OF San Luis Obispo )

On 4-14-06 before me, Diane L. McKinney  
personally appeared Jeanne Allyce McGuire  
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 in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument  
the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature Diane L. McKinney



Mail Tax Statements to: SAME AS ABOVE or Address Noted Below

## DECLARATION - UNINSURED DEED

I/WE, Jeanne Allyce McGuire (Lorrey), the undersigned do hereby declare and affirm:

1. That I/We am/are the Grantor(s) named under a deed which is to be recorded through your Escrow #            and order #            showing it to be a gift or (made without any or with only minimal consideration). Copy of the deed is attached hereto and made a part hereof.
2. That I/We did execute this deed on 4-14-06 (date indicated also on deed by Notary Acknowledgement and that no consideration is being paid to us for the execution of this grant deed.
3. That this deed is a valid instrument and in full force and effect and that I/We claim no ownership interest in the property herein described and being transferred to said grantees.
4. That I/We make this declaration for the purpose of inducing the title company to issue certain title insurance policies which are predicated on said land.
5. That you as escrow holder or you as title company are hereby relieved of any and all liability in respect to recording of this documentation as it is our express wish to transfer said property to the name of: Frances Evelyn Jones, a married woman as her sole & separate property with no consideration being given us, and thereby granting all right, title or interest in and to said land to the aforementioned grantees as designated.

I/We declare under penalty of perjury that the foregoing is true and correct and that this declaration is made this 4-14-06 (date) at Morro Bay (City), California

Jeanne Allyce McGuire (Lorrey)

Document Date: 4-14-06

STATE OF CALIFORNIA )  
COUNTY OF San Luis Obispo ) SS

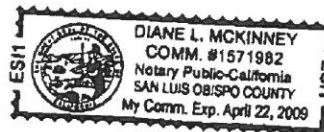
On 4-14-06 before me, Diane L. McKinney  
personally appeared Jeanne Allyce McGuire

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 in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature Diane L. McKinney

This area for official notarial seal.







LARRY W. WARD  
COUNTY OF RIVERSIDE  
ASSESSOR-COUNTY CLERK-RECORDER

Recorder  
P.O. Box 751  
Riverside, CA 92502-0751  
(951) 486-7000

www.riversideacr.com

**CERTIFICATION**

Pursuant to the provisions of Government Code 27361.7, I certify under the penalty of perjury that the following is a true copy of illegible wording found in the attached document:

(Print or type the page number(s) and wording below):

through Page 2  
without Consideration  
4-14-06 (date indicated also on deed and that  
execution of this grant deed  
instrument in and effect claim ownership interest  
in the property transferred grantees  
declaration purpose of inducing company title insurance  
policies land

You are relieved of any respect to recording of  
express said property to the name of : Frances Ethlyn Jones,  
a married woman as her sole and separate property  
given us granting all right title or interest in and to said  
land to the designated

Jeanne Allyce McGuire (Lowery)

Date: 3/26/07

Diane L. McKinney

Signature: A. Norris

Print Name: Amy Norris

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

The undersigned states as follow:

(1) The decedent's name is Frances Ethlyn Jones.

(2) Decedent died on May 14, 2019 at Simi Valley, California

(3) 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 declaration.

(4) No proceeding is now being or has been conducted in California for administration of the decedent's estate.

(5) 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 one hundred fifty thousand dollars (\$150,000).

(6) The property of the decedent that is to be paid, transferred, or delivered to the declarant are the net sales proceeds from the sale of decedent's property in Riverside County described as:

1. Net Proceeds from Tax Sale of decedent' Real Property in Riverside County Parcel Identification Number 350223006; and

2. Net Proceeds from Tax Sale of decedent' Real Property in Riverside County Parcel Identification Number 350223005.

(7) The name of the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the described property is claimant, Michael Allen Jones, the son of decedent as evidenced by the certified copy of the birth certificate attached to this declaration.

(8) The declarant is the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.

1 (9) No other person has a superior right to the interest of the decedent in the described  
2 property.

3 (10) The declarant requests that the described property be paid, delivered, or transferred  
4 to the declarant.

5 (11) Declarant affirms or declares under penalty of perjury under the laws of the State of  
6 California that the foregoing is true and correct.  
7

8 Executed at Simi Valley on January 20, 2024.

9  
10   
11 MICHAEL ALLEN JONES  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

ACKNOWLEDGMENT

For Attached  
Declaration for Collection of Personal Property  
Under California Probate Code Sections 13100-13106

STATE OF CALIFORNIA )  
 )  
COUNTY OF Ventura )

SS.

On January 25, 2024, before me, Julie A. Arellano - Notary Public,  
Date Name and Title of Officer (e.g. "Jane Doe, Notary Public")  
personally appeared Michael Allen Jones,  
Name of Signer(s)

personally known to me/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.



Seal

Julie A. Arellano  
Signature of Notary Public



## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## County of Ventura

VENTURA, CALIFORNIA

3052019104991

## CERTIFICATE OF DEATH

3201956002172

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>FRANCES</b>		3. LAST (Family) <b>JONES</b>	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) -		4. DATE OF BIRTH mm/dd/yyyy <b>12/03/1931</b>	
5. AGE Yrs <b>87</b>		6. SEX <b>F</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		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) <b>WIDOWED</b>		7. DATE OF DEATH mm/dd/yyyy <b>05/14/2019</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>HS GRADUATE</b>		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>		8. HOUR (24 Hours) <b>0602</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>HOMEMAKER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>OWN HOME</b>	
19. YEARS IN OCCUPATION <b>50</b>		20. DECEDENT'S RESIDENCE (Street and number, or location) <b>2044 MARTER AVENUE</b>	
21. CITY <b>SIMI VALLEY</b>		22. COUNTY/PROVINCE <b>VENTURA</b>	
23. ZIP CODE <b>93065</b>		24. YEARS IN COUNTY <b>5</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>MICHAEL A. JONES, SON</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>2044 MARTER AVENUE, SIMI VALLEY, CA 93065</b>		28. NAME OF SURVIVING SPOUSE/SROP - FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST <b>GEORGE</b>		32. MIDDLE <b>M</b>	
33. LAST <b>MCGUIRE</b>		34. BIRTH STATE <b>UNKNOWN</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>ALLYCE</b>		36. MIDDLE <b>A</b>	
37. LAST (BIRTH NAME) <b>ALLEN</b>		38. BIRTH STATE <b>OK</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>05/23/2019</b>		40. PLACE OF FINAL DISPOSITION <b>OAKWOOD MEMORIAL PARK 22601 LASSEN STREET, CHATSWORTH, CA 91311</b>	
41. TYPE OF DISPOSITION(S) <b>CR/BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT <b>ROSE FAMILY FUNERAL HOME</b>	
45. LICENSE NUMBER <b>FD1760</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>ROBERT M LEVIN, MD</b>	
47. DATE mm/dd/yyyy <b>05/22/2019</b>		101. PLACE OF DEATH <b>LAIGO-ZANDERS HOME FOR THE ELDERLY II</b>	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104. COUNTY <b>VENTURA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>3190 EAST ELMORE STREET</b>	
106. CITY <b>SIMI VALLEY</b>		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. (A) IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>CARDIOPULMONARY ARREST</b> (B) <b>ALZHEIMER'S DISEASE</b> (C) <b>PERIPHERAL VASCULAR DISEASE, HYPERTENSION, GENERAL DEBILITY, STAGE IV PRESSURE ULCER</b> (D) <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT LISTED IN THE UNDERLYING CAUSE GIVEN IN 107</b> <b>PERIPHERAL VASCULAR DISEASE, HYPERTENSION, GENERAL DEBILITY, STAGE IV PRESSURE ULCER</b> 112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.) <b>NO</b> 113. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
108. DEATH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		109. BIRTH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
110. AUTOPSY PERFORMED? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		111. USED IN DETERMINING CAUSE? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 mm/dd/yyyy <b>03/26/2019</b> Decedent Last Seen Alive mm/dd/yyyy <b>05/09/2019</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>KARIM ADLY SOLIMAN M.D.</b> 116. LICENSE NUMBER <b>C51512</b> 117. DATE mm/dd/yyyy <b>05/22/2019</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>KARIM ADLY SOLIMAN M.D. 2139 TAPO STREET STE 212, SIMI VALLEY, CA 93063</b>		119. 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	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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.) -	
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 -		129. SIGNATURE OF REGISTRAR <b>Robert M. Levin</b>	

STATE REGISTRAR A B C D E 010001004208407 FAX AUTH# CENSUS TRACT

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

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Ventura County Public Health Department, if it bears the date of issue in red ink.

DATE ISSUED

05/23/2019

HEALTH OFFICER

VENTURA COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CAVENTUR01