

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



ITEM: 21.4
(ID # 27523)

MEETING DATE:
Tuesday, April 28, 2026

FROM : TREASURER-TAX COLLECTOR

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 219, Item 269. Last assessed to: The Estate of Pauline L. Weis, District 4. [\$24,679-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Michael R. Weis, heir to the Estate of Richard J. Weis, who was the heir to the Estate of Pauline L. Weis for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcels 723113005; and,
2. Authorize and direct the Auditor-Controller to issue a warrant to Michael R. Weis, heir to the Estate of Richard J. Weis, who was the heir to the Estate of Pauline L. Weis in the amount of \$24,679.48 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


Melissa Johnson, Assistant Tax Collector 4/8/2026

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Washington, seconded by Supervisor Gutierrez 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: April 28, 2026
xc: Treasurer

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	\$ 24,679	\$ 0	\$ 24,679	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.			Budget Adjustment:	No
			For Fiscal Year:	25/26

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 one claim for excess proceeds:

1. Claim from Michael R. Weis, heir to the Estate of Richard J. Weis, who was the heir to the Estate of Pauline L. Weis based on a Grant Deed recorded December 15, 1969 as Instrument No. 1969-128000, Affidavits for Collection of Personal Property California Probate Code Section 13100 notarized September 13, 2023 and Certificates of Death for Pauline Lorraine Weis aka Pauline L. Weis and Richard Joseph Weis aka Richard J. Weis.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Michael R. Weis, heir to the Estate of Richard J. Weis, who was the heir to the Estate of Pauline L. Weis be awarded excess proceeds in the amount of \$24,679.48. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimant by certified mail.

Impact on Residents and Businesses

Excess proceeds will be released to the heir of the Estate of last assessee of the property.

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Weis


Cesar Bernal, PRINCIPAL MGMT ANALYST 4/13/2026


Aaron Gettis, Chief Deputy County Counsel 11/19/2025

AA 807/0806 1671.2

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

RECEIVED

To: Matthew Jennings, Treasurer-Tax Collector

2023 SEP 18 PM 2:01

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY
TREAS - TAX COLLECTOR

TC 219 ITEM 269 Parcel Identification Number: 723113005

Assessee: WEIS PAULINE L ESTATE OF

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 \$24,679.48 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.

I am filing this claim on behalf of Richard J. Weis and his family and hereby pledge to properly allocate portions to family members as is appropriate.

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 13th day of SEPTEMBER, 2023 at WINNESHIEK, IOWA
County, State

Richard J. Weis
Signature of Claimant

Signature of Claimant

Michael R. Weis
Print Name

Print Name

608 OAK STREET
Street Address

Street Address

DECORAH, IOWA 52101
City, State, Zip

City, State, Zip

563-380-4946
Phone Number

Phone Number

mweis@co.winneshielk.ia.us
Email Address

Email Address

128000

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME Pauline L. Weis
ADDRESS c/o PENNIMAN TITLE COMPANY
P. O. Box 959,
CITY & STATE Santa Cruz, Calif. 95060

Title Order No. 379493 Escrow No. 86906-MC

MAIL TAX STATEMENTS TO

NAME Pauline L. Weis
ADDRESS As above
CITY & STATE

PAID
Doc. Transfer Tax
W. D. BALOGH
RIV. CO. RECORDER

Microfilm recording form 4-1-65. Book and page no longer assigned. Identify by document number and year of filing.

RECEIVED FOR RECORD

DEC 15 1969

Min. Past 3 o'clock P. M.
SECURITY TITLE INSURANCE CO.

Recorded in Official Records
of Riverside County, California

W.D. Balogh
Recorder

FEE \$ *3.00*

INDEXED

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DOCUMENTARY TRANSFER TAX \$ 4.40
XXX COMPUTED ON FULL VALUE OF PROPERTY CONVEYED.
COMPUTED ON FULL VALUE LESS LIENS & ENCUMBRANCES
REMAINING THEREON AT TIME OF SALE.

Bernie Birch
Signature of declarant or agent determining tax - firm name.

Grant Deed

THIS FORM FURNISHED BY PENNIMAN TITLE COMPANY, INC.

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

BERNIE BIRCH and BONNIE L. BIRCH, husband and wife

hereby GRANT(S) to PAULINE L. WEIS, as her sole and separate property

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

Lot 392 of North Shore Beach Estates No. 2, Unit No. 2, as shown by
Map on File in Book 40, pages 64 to 66, inclusive, of Maps, Riverside
County Records.

Said property is also situated in the Coachella Valley County Water
District.

PARCEL NO. _____

Dated December 12th, 1969

STATE OF CALIFORNIA }
COUNTY OF Santa Cruz } SS.

Bernie Birch
Bernie Birch
Bonnie L. Birch
Bonnie L. Birch

Affidavit for Collection of Personal Property
California Probate Code Section 13100

The undersigned state(s) as follows:

1. Richard J. Weis _____ died on Aug. 25, 2015, in the County of Winnesheik, State of Iowa, ~~State of California~~.

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

OR

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.

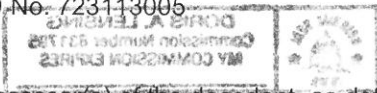
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred sixty six thousand two hundred fifty dollars (\$166,250) if decedent died before April 1, 2022 or one hundred eighty four thousand five hundred dollars (\$184,500) if decedent died on or after April 1, 2022.

5. 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 to be transferred, delivered, or paid to the affiant under the provisions of California Probate Code section 13100:

Parcel ID No. 723113005



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

8. The undersigned

The affiant or 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.

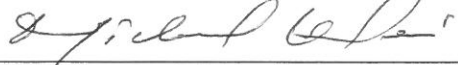
The affiant or declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.

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: SEPT. 13, 2023

Signed: 
Michael R. Weis

STATE OF IOWA
CERTIFICATION OF VITAL RECORD

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

114-2015-019225

BIRTH NUMBER: *Not Available*

DECEDENT INFORMATION

NAME: *Richard Joseph Weis*

DATE FILED: *09/03/2015*

PLACE OF BIRTH: *Iowa*

SSN: [REDACTED]

ARMED FORCES: *No*

SEX: *Male*

DATE OF BIRTH/AGE: *02/08/1937 78 Years*

NAMES (PRIOR TO ANY MARRIAGE):

DECEDENT LAST: *Not Available*

CITIZENSHIP: *United States*

FATHER'S NAME: *Alvin H Weis*

MARITAL STATUS: *Married*

MOTHER'S NAME: *Pauline L Koester*

SURVIVING SPOUSE: *Vernelle M Carolan*

RESIDENTIAL ADDRESS: *1504 Division Street*

RESIDENCE COUNTY: *Winneshiek*

Decorah, Iowa 52101

COUNTY OF DEATH: *Winneshiek*

INFORMANT NAME: *Vernelle M Weis*

INFORMANT ADDRESS: *1504 Division Street*

INFORMANT RELATIONSHIP: *Wife*

Decorah, Iowa 52101

DATE/TIME OF DEATH: *08/25/2015 (Actual)*

PLACE OF DEATH: *Nursing Home/long Term Care Facility*

02:16 AM (Actual)

FACILITY/ADDRESS: *Aase Haugen Home-Decorah*

Decorah, Iowa 52101

M.E. CONTACTED: *Yes*

MEDICAL CAUSE OF DEATH INFORMATION

INTERVAL UNITS

IMMEDIATE CAUSE OF DEATH: *Traumatic Brain Injury*

18 Days

DUE TO OR AS A CONSEQUENCE OF: *Fall From Ladder*

DUE TO OR AS A CONSEQUENCE OF:

UNDERLYING CAUSE, IF ANY:

OTHER SIGNIFICANT CONDITIONS:

MANNER OF DEATH: *Accident*

TOBACCO CONTRIBUTED TO DEATH: *No*

AUTOPSY PERFORMED/FINDINGS: *No*

DATE/TIME OF INJURY: *08/07/2015 04:00 PM*

INJURY AT WORK: *No*

PLACE OF INJURY: *House*

TRANSPORTATION INJURY: *No*

LOCATION OF INJURY: *1504 Division St*

Decorah, Iowa 52101

DESCRIPTION OF INJURY: *Fell Off A Ladder, No Witness*

CERTIFIER: *Kevin Locke*

CERTIFIER ADDRESS: *901 Montgomery*

DATE CERTIFIED: *08/31/2015*

Decorah, Iowa 52101

DISPOSITION

FUNERAL HOME: *Fjelstul Funeral Home*

FUNERAL DIRECTOR: *Scott C. Fjelstul*

Decorah, Iowa 52101

METHOD: *Cremation & Burial*

PLACE: *St. Benedict Catholic Cemetery-Decorah*

LOCATION: *Decorah, Iowa*

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under the authority of Chapter 144, Code of Iowa.

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

09/03/2015
DATE ISSUED

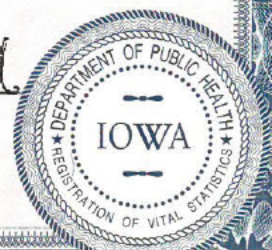
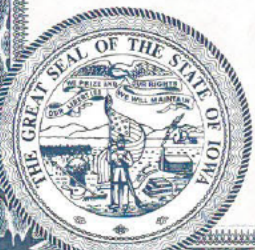
Terry E. Branstad
GOVERNOR, STATE OF IOWA
Kim Reynolds, Lt. Governor

Melissa R. Bind
DEPUTY STATE REGISTRAR

5004821652C

FORM #588-0328S (Rev. 2014)

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY



Affidavit for Collection of Personal Property
California Probate Code Section 13100

The undersigned state(s) as follows:

1. Pauline L. Weis died on Feb. 1, 1995, 20, in the County of Winnesheik, State of Iowa, State of California.

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

OR

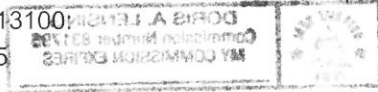
The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

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 one hundred sixty six thousand two hundred fifty dollars (\$166,250) if decedent died before April 1, 2022 or one hundred eighty four thousand five hundred dollars (\$184,500) if decedent died on or after April 1, 2022.

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Parcel ID No. 723113005



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

8. The undersigned

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The affiant or declarant is 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: SEPT. 13, 2023

Signed: 
Michael R. Weis

STATE OF IOWA

CERTIFICATION OF VITAL RECORD

114-1995-002100

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH 114-

95-002100

TYPE IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK	BIRTH NUMBER		DECEDENT'S NAME			DATE OF DEATH (Mo., Day, Yr.)		
	1. PAULINE LORRAINE WEIS		2. FEBRUARY 1, 1995					
	SEX	AGE - LAST BIRTHDAY (Year)	UNDER 1 YEAR (MOS)	UNDER 1 DAY (HRS)	DATE OF BIRTH (Mo., Day, Yr.)	COUNTY OF DEATH		
	3. FEMALE	4. 85	5. 4b	6. 4c	5. APRIL 11, 1909	6a. WINNESHIEK		
	FACILITY NAME (If not institution, give street and number)				CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (Specify yes or no)	
	15-34 R 16b. AASE HAUGEN HOME				6c. DECORAH		6d. YES	
	64. PLACE OF DEATH (Check only one)							
	<input type="checkbox"/> HOSPITAL <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)							
	7. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes below) (If yes, specify Cuban, Mexican, Puerto Rican, etc.)			RACE - White, Black, American Indian, etc. (Specify)		DECEDENT'S EDUCATION (Specify only highest grade completed)		
	7. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Specify			8. WHITE		9. 10		
	BIRTHPLACE (City & State or Foreign Country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)	
	10. PUEBLO, IOWA		11. U.S.A.		12a. WIDOWED		12b. NONE	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life. Do not give retired)		KIND OF BUSINESS OR INDUSTRY		WAS DECEDENT EVER IN U.S. ARMED SERVICES? (Specify yes or no)	
	13. [REDACTED]		14a. HOMEMAKER		14b. OWN HOME		15. NO	
	RESIDENCE - STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OF RESIDENCE	
	16a. IOWA		16b. WINNESHIEK		16c. DECORAH		16d. 4 - OHIO STREET	
	FATHER'S NAME			MOTHER'S NAME			MAIDEN	
	17. AUGUST KOESTER			18. MARY HEMMI			HEMMI	
	INFORMANT'S NAME				MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
	19a. RICHARD WEIS (SON)				19b. 1504 DIVISION STREET, DECORAH, IOWA 52101			
	20a. METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place)		LOCATION (City or Town, State)			
	<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. CATHOLIC CEMETERY		20c. DECORAH, IOWA			
	FUNERAL DIRECTOR - SIGNATURE						F. D. LICENSE #	
	21a. <i>Acad C. Fjelstul</i>						21b. 2315	
	FUNERAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
	21c. FJELSTUL FUNERAL HOME, 306 E. WATER STREET, DECORAH, IOWA 52101							
	REGISTRAR - SIGNATURE						DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
	22a. <i>Marion L. Bude</i>						22b. February 9, 1995	
	23. MANNER OF DEATH		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		INJURY AT WORK? (Specify yes or no)	
	<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		24a.		24b.		24c.	
	24. PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.)				LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
	24a.				24b.			
	25. (Signature and title) <i>Terry F. Dynes MD</i>					DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH
	25a. NAME AND TITLE OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) (Type/print)					25b. 3 Feb 95		25c. 3:10 A.M.
	26. NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/print)							
	27. TERRY F. DYNES, M.D., 907 MONTGOMERY STREET, DECORAH, IOWA 52101							

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.			Approximate Interval Between Onset and Death	
CAUSE OF DEATH	Final disease or condition resulting in death	IMMEDIATE CAUSE	6 yrs	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.	(a) <i>Alzheimer's Disease</i>		
		(b) <i>Alzheimer's disease</i>		
		(c) <i>Alzheimer's disease</i>		
PART II a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I.				
	<i>Acute Myocardial Infarction</i>	b. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? (Specify yes or no)		
	<i>Acute Myocardial Infarction</i>	NO		
		29a. AUTOPSY (Specify yes or no)		
		NO		
		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Specify yes or no)		
		29b. NO		

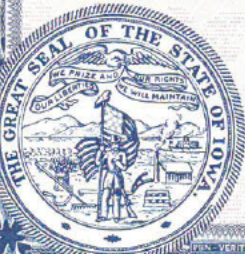
This is to certify that this is a true and correct reproduction of the original record as recorded in this state, issued under the authority of Chapter 144, Code of Iowa. This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar or Designee.

THIS COPY NOT VALID UNLESS UNALTERED AND PREPARED ON CERTIFIED SECURITY PAPER

09/06/2023
DATE ISSUED

James Schult
COUNTY REGISTRAR
County of Issuance: Winneshiek

Melissa R. Bind
DEPUTY STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE