

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



ITEM: 21.9
(ID # 28975)

MEETING DATE:
Tuesday, June 09, 2026

FROM : TREASURER-TAX COLLECTOR

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 220, Item 198. Last assessed to: Janet Mosqueda, a married woman as her separate property, District 4. [\$18,524-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from US Surplus Recovery, Agent for Anabel Mosqueda, heir to Janet Mosqueda for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 824052030;
2. Approve the claim from US Surplus Recovery, Agent for Reyna Mosqueda, heir to Janet Mosqueda for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 824052030;
3. Approve the claim from US Surplus Recovery, Agent for Reynaldo Mosqueda Jr., heir to Janet Mosqueda for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 824052030; and,
4. Authorize and direct the Auditor-Controller to issue a warrant to US Surplus Recovery, Agent for Anabel Mosqueda, heir to Janet Mosqueda in the amount of \$6,174.69, to US Surplus Recovery, Agent for Reyna Mosqueda, heir to Janet Mosqueda in the amount of \$6,174.69, and to US Surplus Recovery, Agent for Reynaldo Mosqueda Jr., heir to Janet Mosqueda in the amount of \$6,174.69, 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.

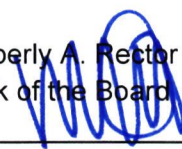
ACTION:Policy


Matthew Jennings, Treasurer-Tax Collector 5/27/2026

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Washington, 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: June 9, 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	\$ 18,524	\$ 0	\$ 18,524	\$ 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 April 30, 2024 public auction sale. The deed conveying title to the purchasers at the auction was recorded June 24, 2024. 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 11, 2024 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 three claims for excess proceeds:

1. Claim from US Surplus Recovery, Agent for Anabel Mosqueda, heir to Janet Mosqueda based on an Authorization for Agent to Collect Excess Proceeds notarized on October 17, 2025, a Grant Deed recorded April 01, 1998 as Instrument No. 1998-123133, an Affidavit to Comply with California Probate Code Section 13100-13115 notarized February 17, 2025, and a Certificate of Death for Janet Mosqueda.
2. Claim from US Surplus Recovery, Agent for Reyna Mosqueda, heir to Janet Mosqueda based on an Authorization for Agent to Collect Excess Proceeds notarized on October 17, 2025, a Grant Deed recorded April 01, 1998 as Instrument No. 1998-123133, an Affidavit to Comply with California Probate Code Section 13100-13115 notarized February 17, 2025, and a Certificate of Death for Janet Mosqueda.
3. Claim from US Surplus Recovery, Agent for Reynaldo Mosqueda Jr., heir to Janet Mosqueda based on an Authorization for Agent to Collect Excess Proceeds notarized on October 17, 2025, a Grant Deed recorded April 01, 1998 as Instrument No. 1998-123133, an Affidavit to Comply with California Probate Code Section 13100-13115 notarized February 17, 2025, and a Certificate of Death for Janet Mosqueda.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that US Surplus Recovery, Agent for Anabel Mosqueda, heir to

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

Janet Mosqueda be awarded excess proceeds in the amount of \$6,174.69, that US Surplus Recovery, Agent for Reyna Mosqueda, heir to Janet Mosqueda be awarded excess proceeds in the amount of \$6,174.69, and that US Surplus Recovery, Agent for Reynaldo Mosqueda Jr., heir to Janet Mosqueda be awarded \$6,174.69. 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 last assessee of the property.

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Anabel

ATTACHMENT B. Claim Reyna

ATTACHMENT C. Claim Reynaldo


Cesar Bernal, PRINCIPAL MGMT ANALYST 6/1/2026


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

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

To: Matthew Jennings, Treasurer-Tax Collector

RECEIVED

Re: Claim for Excess Proceeds

2025 APR 16 PM 12: 24

TC: 220 ITEM: 198 Parcel Identification Number: 824052030

RIVERSIDE COUNTY
TREAS- TAX COLLECTOR

Owner: MOSQUEDA, JANET

Situs Address: 17560 PALOWALLA RD BLYTHE 92225

Date Sold: 04/30/2024

Date Deed to Purchaser Recorded: 06/24/2024

Final Date to Submit Claim: 06/24/2025


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) [please check one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

If the property is held in Joint Tenancy, the 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 9 day of April, 2025 at Riverside, CA
County, State



Signature of Claimant

Signature of Claimant

ANABEL MOSQUEDA

Print Name

Print Name

28581 Eagle St

Street Address

Street Address

Moreno Valley CA 92555

City, State, Zip

City, State, Zip

951-560-0176

Phone Number

Phone Number

Anabelmosqueda16@gmail.com

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 JESSE CORNEJO 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 824052030 sold at public auction on 4/30/24. 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 \$ 19,400⁰⁰ 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.

[Signature]
(Signature of Party of Interest)

ANABEL MOSQUEDA
(Name Printed)

28581 eagle st
(Address)

STATE OF CALIFORNIA)ss.
COUNTY OF Riverside

moreno valley, CA 92555
(City/State/Zip)

951-325-1527
(Area Code/Telephone Number)

On October 10, 2025, before me, Heather Samir Sadik, "NOTARY Public", personally appeared Anabel Mosqueda, 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.

[Signature]
(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.

[Signature]
(Signature of Agent)

JESSE CORNEJO
(Name Printed)

1364 DARNELL ST.
(Address)

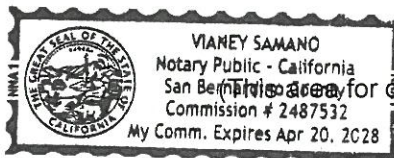
STATE OF CALIFORNIA)ss.
COUNTY OF San Bernardino

UPLAND CA 91784
(City/State/Zip)

On October 17, 2025, before me, the undersigned, a Notary Public in and for said State, personally appeared Jesse Cornejo, 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.

[Signature]
(Signature of Notary)



RECORDING REQUESTED BY
ATI TITLE COMPANY
AND WHEN RECORDED MAIL THIS DEED
AND, UNLESS OTHERWISE SHOWN BELOW,
MAIL TAX STATEMENT TO:

Janet Mosqueda
17560 Palowalla
Blythe, CA 92225

Title Order No.: 970301680
Escrow No.: 970301680

123133
RECEIVED FOR RECORD
AT 8:00AM

PAID
Doc. Transfer Tax
Riv. Co. Recorder

APR - 1 1998

Recorded in Official Records
of Riverside County, California
Recorder
Fees \$ 6

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Grant Deed

M
JB
JB

THE UNDERSIGNED DECLARE(s)

DOCUMENTARY TRANSFER TAX IS \$ 7.70

unincorporated area City of Blythe

Parcel No. 824-052-030

computed on full value of property conveyed, or

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

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, Roy L.
Hamilton and Ona Janette Hamilton, husband and wife

hereby GRANT(S) to Janet Mosqueda, a married woman as her separate property

the following described real property in the county of Riverside, State of California:
Lot 5, Nicholls Warm Springs, Unit No. 2, as per map recorded in Book 26,
pages 20 through 22 of Maps, Riverside County Records

Dated September 03, 1997

STATE OF CALIFORNIA
COUNTY OF

On MARCH 24, 1998 } s.s.
before me,

CHERYL J. CRAN
a Notary public in and for said County and State, personally
appeared ROY L. HAMILTON AND
ONA JANETTE HAMILTON

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), for the entity upon behalf of
which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

Signature Cheryl J. Cran

Roy L. Hamilton
Roy L. Hamilton
Ona Janette Hamilton
Ona Janette Hamilton



(This area for official notarial seal)

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE: IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE

Name

Street Address

City & State

123133

4 1 98

SECTION 174N TITLE INS. CO.
MICROFILM APPLIC. DIVISION
5314 Riverside Boulevard, Suite 200
Santa Fe Springs, CA 90670

RIVERSIDE

AFFIDAVIT

to comply with California Probate Code §§ 13100-13115

1. The undersigned hereby declare(s):
2. [I/We] make this declaration to induce [holder of property] to transfer to [me/us] the described property pursuant to California Probate Code §§13100-13115.
3. JANET MOSQUEDA
[Name of decedent] died at Hemet, CA, while a resident of the City of RYTHE, County of RIVERSIDE, California, on or about JULY 20 08, leaving [a/no] will.
4. 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.
5. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
6. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in California Probate Code §13050 does not exceed one hundred
7. fifty thousand dollars (\$150,000) and includes the following: [Describe the property to be transferred with sufficient detail to be identifiable.]

SURPLUS FUNDS FOR TAX DEED SALE

8. The affiant or declarant is the successor of the decedent [as defined in California Probate Code §13006] 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. [My/Our] name(s), address(es), relationship(s) to the decedent and age(s) are as follows: [List]

ANABEL MOSQUEDA (DAUGHTER)
28581 Eagle St, Moreno Valley CA 92555

11. The affiant or declarant requests that the described property be paid, delivered, or transferred to the affiant or declarant.
12. [I/We jointly and severally] agree to hold [property holder] free and harmless and indemnify [him/her] against all liability, claims, demands, loss, damages, costs and expense whatsoever that [he/she/it] may incur because of the transfer, payment, or delivery to [me/us] of the property.
13. 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: 02-17-2025

Signature: [Signature]

Dated: _____

Signature: _____

Subscribed and sworn to me before this _____ day of _____, 20____

See attached acknowledgment / Janet
Notary Public in and for said County and State

My Commission expires on: _____

AFFIDAVIT

To comply with California Probate Code §§13100-13115

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

Subscribed and sworn to (or affirmed) before me on this 17th
day of February, 2025, by Anabel Mosqueda

_____ ,
proved to me on the basis of satisfactory evidence to be the
person~~(s)~~ who appeared before me.



(Seal)

Signature Heather Sadik

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052008091505

CERTIFICATE OF DEATH

3200833007543

Form containing fields for decedent's personal data, usual residence, informant's name, spouse and parent information, funeral director, place of death, cause of death, physician's certification, and coroner's use only.

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

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

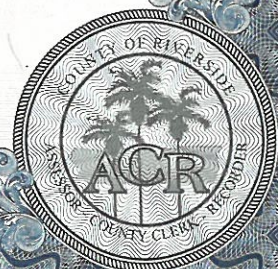
JAN 16 2025

DATE ISSUED

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Assessor-County Clerk-Recorder.



Peter Aldana, Assessor-County Clerk-Recorder, Riverside County, California



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

To: Matthew Jennings, Treasurer-Tax Collector

RECEIVED

Re: Claim for Excess Proceeds

2025 APR 16 PM 12: 24

TC: 220 ITEM: 198 Parcel Identification Number: 824052030

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

Owner: MOSQUEDA, JANET

Situs Address: 17560 PALOWALLA RD BLYTHE 92225

Date Sold: 04/30/2024

Date Deed to Purchaser Recorded: 06/24/2024

Final Date to Submit Claim: 06/24/2025

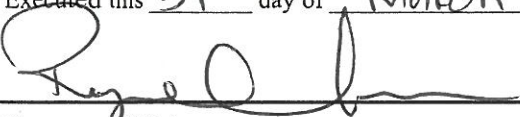
I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ _____ from the sale of the above mentioned real property. I/We were the [] lienholder(s), [] property owner(s) [please check one box] at the time of the sale of the property as is evidenced by Riverside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

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

If the property is held in Joint Tenancy, the 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 31 day of MARCH, 2025 at Riverside, CA
County, State



Signature of Claimant

REYNA MOSQUEDA

Print Name

225 W. Fruitvale Ave #460

Street Address

Hemet, CA 92543

City, State, Zip

951.452.9235

Phone Number

reynamosqueda93@gmail.com

Email Address

Signature of Claimant

Print Name

Street Address

City, State, Zip

Phone Number

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 JESSE CORNEJO ^{US SURPLUS RECOVERY} 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 824052030 sold at public auction on 6/24/24. 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 \$ 19,400⁰⁰ 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.

Reynald
(Signature of Party of Interest)

REYNA MOSQUEDA
(Name Printed)

225 W. Fruitvale Ave #66
(Address)

STATE OF CALIFORNIA)ss.
COUNTY OF _____)

Hemet CA 92543
(City/State/Zip)

951.452.9235
(Area Code/Telephone Number)

On _____, before me, _____, personally appeared _____, 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.

[Signature]
(Signature of Notary)

SEE ATTACHED

(This area for official seal)

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

[Signature]
(Signature of Agent)

JESSE CORNEJO
1364 DARNELL ST.
(Name Printed)

UPLAND CA. 91784
(Address)

STATE OF CALIFORNIA)ss.
COUNTY OF _____)

(City/State/Zip)

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

(Signature of Notary)

(This area for official seal)

CALIFORNIA ACKNOWLEDGMENT

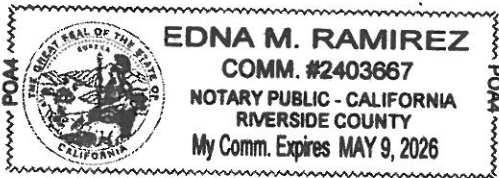
CIVIL CODE § 1189

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

State of California }
County of RIVERSIDE

On 10/8/25 before me, Edna M Ramirez, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared REYNA MOSQUEDA
Name(s) of Signer(s)

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



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

WITNESS my hand and official seal.
Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: AUTHORIZATION FOR AGENT TO COLLECT PROCEEDS
Document Date: _____ Number of Pages: _____
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

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

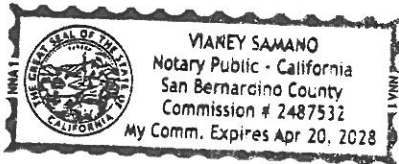
CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

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

State of California
County of San Bernardino }
On October 17, 2025 before me, Vianey Samano (Notary Public)
Date Here Insert Name and Title of the Officer
personally appeared Jesse Cornejo
Name(s) of Signer(s)

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



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

WITNESS my hand and official seal.

Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Authorization for Agent to Collect Excess Proceeds
Document Date: _____ Number of Pages: _____
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

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

RECORDING REQUESTED BY
ATI TITLE COMPANY

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

Janet Mosqueda
17560 Palowalla
Blythe, CA 92225

123133

RECEIVED FOR RECORD
AT 8:00AM

PAID
Doc. Transfer Tax
Riv. Co. Recorder

APR - 1 1998

Recorded in Official Records
of Riverside County, California
Recorder

Fee \$ 6

Title Order No.: 970301680
Escrow No.: 970301680

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Grant Deed

M
JB

THE UNDERSIGNED DECLARE(s)

DOCUMENTARY TRANSFER TAX IS \$ 7.70

unincorporated area City of Blythe

Parcel No. 824-052-030

computed on full value of property conveyed, or

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

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, Roy L.
Hamilton and Ona Janette Hamilton, husband and wife

hereby GRANT(S) to Janet Mosqueda, a married woman as her separate property

the following described real property in the county of Riverside, State of California:
Lot 5, Nicholls Warm Springs, Unit No. 2, as per map recorded in Book 26,
pages 20 through 22 of Maps, Riverside County Records

Dated September 03, 1997

STATE OF CALIFORNIA
COUNTY OF

On MARCH 24, 1998 before me,
CHERYL J CRAN

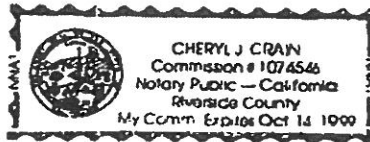
a Notary public in and for said County and State, personally
appeared ROY L HAMILTON AND
ONA JANETTE HAMILTON

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

WITNESS my hand and official seal

Signature [Handwritten Signature]

[Handwritten Signature]
Roy L. Hamilton
[Handwritten Signature]
Ona Janette Hamilton



(This area for official notarial seal)

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE

Name

Street Address

City & State

123133

4 1 98

SECTION 17.1 NATION TITLE INS. CO.
MICROFILMED DIVISION
5814 Redwood Boulevard, Suite 200
Santa Fe Springs, CA 90670

RIVERSIDE

AFFIDAVIT

to comply with California Probate Code §§ 13100-13115

1. The undersigned hereby declare(s):
2. [I/We] make this declaration to induce [holder of property] to transfer to [me/us] the described property pursuant to California Probate Code §§13100-13115.
3. JANET MOSQUEDA [Name of decedent] died at Hemet, while a resident of the City of BLYTHE, County of RIVERSIDE, California, on or about JULY 20 08, leaving [a/no] will.
4. 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.
5. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
6. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in California Probate Code §13050 does not exceed one hundred
7. fifty thousand dollars (\$150,000) and includes the following: [Describe the property to be transferred with sufficient detail to be identifiable.]

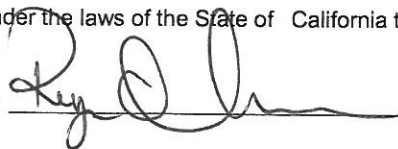
SURPLUS FUNDS FROM TAX DEED SALE

8. The affiant or declarant is the successor of the decedent [as defined in California Probate Code §13006] 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. [My/Our] name(s), address(es), relationship(s) to the decedent and age(s) are as follows: [List]

REYNA MOSQUEDA (DAUGHTER)
225 W. Fruitvale Ave #66
Hemet, CA 92543

11. The affiant or declarant requests that the described property be paid, delivered, or transferred to the affiant or declarant.
12. [I/We jointly and severally] agree to hold [property holder] free and harmless and indemnify [him/her] against all liability, claims, demands, loss, damages, costs and expense whatsoever that [he/she/it] may incur because of the transfer, payment, or delivery to [me/us] of the property.
13. 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: February 17, 2025

Signature: 

Dated: _____

Signature: _____

Subscribed and sworn to me before this _____ day of _____, 20____

see attached acknowledgment/Jurat My Commission expires on: _____
Notary Public in and for said County and State

AFFIDAVIT

To comply with California Probate Code §§13100-13115

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

Subscribed and sworn to (or affirmed) before me on this 17th
day of February, 2025, by Reyna Mosqueda

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature Heather Sadik

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052008091505

CERTIFICATE OF DEATH

3200833007543

Form containing personal data, residence, spouse information, funeral director, place of death, cause of death, physician's certification, and coroner's use only sections.

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

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

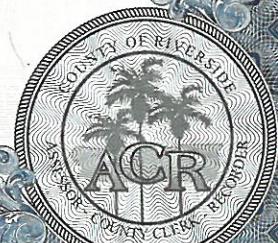
JAN 16 2025

DATE ISSUED

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Assessor-County Clerk-Recorder.



Peter Aldana, PETER ALDANA, ASSESSOR-COUNTY CLERK-RECORDER, RIVERSIDE COUNTY, CALIFORNIA



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

To: Matthew Jennings, Treasurer-Tax Collector

RECEIVED

Re: Claim for Excess Proceeds

2025 APR 16 PM 12: 24

TC: 220 ITEM: 198 Parcel Identification Number: 824052030

Owner: MOSQUEDA, JANET

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

Situs Address: 17560 PALOWALLA RD BLYTHE 92225

Date Sold: 04/30/2024

Date Deed to Purchaser Recorded: 06/24/2024

Final Date to Submit Claim: 06/24/2025

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) [please check one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

If the property is held in Joint Tenancy, the 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 1 day of April, 2025 at Riverside, Ca
County, State


Signature of Claimant

Signature of Claimant

REYNALDO MOSQUEDA JR.
Print Name

Print Name

28581 eagle st
Street Address

Street Address

Moreno Valley, CA, 92555
City, State, Zip

City, State, Zip

951-519-6491
Phone Number

Phone Number

Rey.mosqueda20@gmail.com
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 JESSE CORNEJO 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 824052030 sold at public auction on 4/30/24. 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 \$ 19,400 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.

[Signature]
(Signature of Party of Interest)

REYNALDO MOSQUEDA JR.
(Name Printed)

28581 eagle st
(Address)

STATE OF CALIFORNIA)ss.
COUNTY OF Riverside

Moreno Valley, CA, 92555
(City/State/Zip)

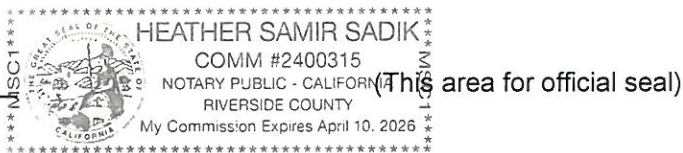
(951) 519-6404
(Area Code/Telephone Number)

On October 9, 2025, before me, Heather Samir Sadik, "Notary Public", personally appeared Reynaldo Mosqueda Jr., 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.

Heather Sadik
(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.

[Signature]
(Signature of Agent)

JESSE CORNEJO
(Name Printed)

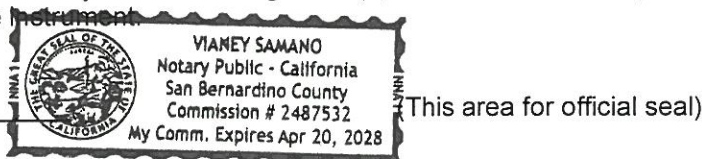
1364 DANNELL ST.
(Address)

STATE OF CALIFORNIA)ss.
COUNTY OF San Bernardino

UPLAND CA 91784
(City/State/Zip)

On October 17, 2025, before me, the undersigned, a Notary Public in and for said State, personally appeared Jesse Cornejo, 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.
[Signature]
(Signature of Notary)



RECORDING REQUESTED BY
ATI TITLE COMPANY

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

Janet Mosqueda
17560 Palowalla
Blythe, CA 92225

123133

RECEIVED FOR RECORD
AT 8:00AM

PAID
Doc. Transfer Tax
Riv. Co. Recorder

APR - 1 1998

Recorded in Official Records
of Riverside County, California
Recorder

Fee \$ 6

Title Order No.: 970301680
Escrow No.: 970301680

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Grant Deed

M
JB

THE UNDERSIGNED DECLARE(s)

DOCUMENTARY TRANSFER TAX IS \$ 7.70

[] _____ unincorporated area [X] City of Blythe

Parcel No. 824-052-030

[X] computed on full value of property conveyed, or

[] computed on full value less value of liens or encumbrances remaining at time of sale, and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, Roy L.
Hamilton and Ona Janette Hamilton, husband and wife

hereby GRANT(S) to Janet Mosqueda, a married woman as her separate property

the following described real property in the county of Riverside, State of California:
Lot 5, Nicholls Warm Springs, Unit No. 2, as per map recorded in Book 26,
pages 20 through 22 of Maps, Riverside County Records

Dated September 03, 1997

STATE OF CALIFORNIA
COUNTY OF

On MARCH 24, 1998 before me,

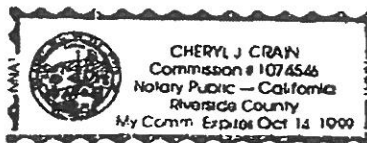
CHERYL J CRAN
a Notary public in and for said County and State, personally
appeared ROY L HAMILTON AND
ONA JANETTE HAMILTON

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

WITNESS my hand and official seal

Signature [Handwritten Signature]

[Handwritten Signature]
Roy L. Hamilton
[Handwritten Signature]
Ona Janette Hamilton



(This area for official notarial seal)

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE

Name

Street Address

City & State

123133

4 1 98

SECOND VICTIM TITLE INS. CO.
MICROFILM DIVISION
5814 Riverwalk Bldg. Ste. 200
Santa Fe Springs, CA 90670

RIVERSIDE

AFFIDAVIT

to comply with California Probate Code §§ 13100-13115

1. The undersigned hereby declare(s):
2. [I/We] make this declaration to induce [holder of property] to transfer to [me/us] the described property pursuant to California Probate Code §§13100-13115.
3. JANET MOSQUEDA [Name of decedent] died at Hemet, while a resident of the City of BLYTHE, County of RIVERSIDE, California, on or about, JULY 20 08, leaving [a/no] will.
4. 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.
5. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
6. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in California Probate Code §13050 does not exceed one hundred
7. fifty thousand dollars (\$150,000) and includes the following: [Describe the property to be transferred with sufficient detail to be identifiable.]

SURPLUS FUNDS FROM TAX DEED SALE

8. The affiant or declarant is the successor of the decedent [as defined in California Probate Code §13006] 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. [My/Our] name(s), address(es), relationship(s) to the decedent and age(s) are as follows: [List]

REYNALDO MOSQUEDA JR. (SON)
28581 eagle st, moreno valley
CA, 92555

11. The affiant or declarant requests that the described property be paid, delivered, or transferred to the affiant or declarant.
12. [I/We jointly and severally] agree to hold [property holder] free and harmless and indemnify [him/her] against all liability, claims, demands, loss, damages, costs and expense whatsoever that [he/she/it may incur because of the transfer, payment, or delivery to [me/us] of the property.
13. 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: 2/17/25

Signature: Reynaldo Mosqueda Jr.

Dated: _____

Signature: _____

Subscribed and sworn to me before this _____ day of _____, 20_____

See attached acknowledgment My Commission expires on: _____
Notary Public in and for said County and State

AFFIDAVIT

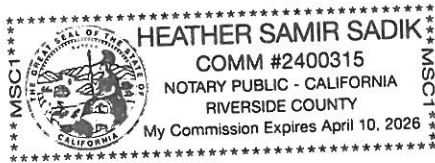
To comply with California Probate Code §§13100-13115

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

Subscribed and sworn to (or affirmed) before me on this 17th
day of February, 2025, by Reynaldo Mosqueda Jr.

_____ ,
proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature Heather Sadik

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052008091505

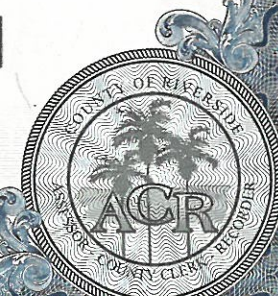
CERTIFICATE OF DEATH

3200833007543

STATE FILE NUMBER 3052008091505		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-100REV 1/06		LOCAL REGISTRATION NUMBER 3200833007543	
1 NAME OF DECEDENT - FIRST (Given) JANET		2 MIDDLE -		3 LAST (Family) MOSQUEDA	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) -		4 DATE OF BIRTH mm/dd/yyyy 12/18/1975		5 AGE Yrs 32	
6 SEX F		7 DATE OF DEATH mm/dd/yyyy 07/14/2008		8 HOUR (24 Hours) 1750	
9 BIRTH STATE/FOREIGN COUNTRY AZ		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 (at Time of Death) MARRIED		13 EDUCATION - Highest Level/Degree (See worksheet on back) HS GRADUATE		14 YES <input checked="" type="checkbox"/> MEXICAN AMERICAN <input type="checkbox"/> NO <input type="checkbox"/> WHITE	
15 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		16 DECEDENT'S OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SALESPERSON		17 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MANUFACTURED HOMES	
18 YEARS IN OCCUPATION 5		19 DECEDENT'S RESIDENCE (Street and number or location) 24449 TYANN CT		20 CITY MORENO VALLEY	
21 COUNTY/PROVINCE RIVERSIDE		22 ZIP CODE 92551		23 YEARS IN COUNTY 30	
24 STATE/FOREIGN COUNTRY CA		25 INFORMANT'S NAME, RELATIONSHIP REYNALDO MOSQUEDA, HUSBAND		26 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 24449 TYANN CT, MORENO VALLEY, CA 92551	
27 NAME OF SURVIVING SPOUSE - FIRST REYNALDO		28 MIDDLE -		29 LAST (Maiden Name) MOSQUEDA	
30 NAME OF FATHER - FIRST HEGERARDO		31 MIDDLE -		32 LAST VALLE	
33 NAME OF MOTHER - FIRST MARIA		34 MIDDLE -		35 LAST (Maiden) DELGADO	
36 BIRTH STATE MEXICO		37 BIRTH STATE MEXICO		38 BIRTH STATE MEXICO	
39 DISPOSITION DATE mm/dd/yyyy 07/23/2008		40 PLACE OF FINAL DISPOSITION PERRIS VALLEY CEMETERY 915 N PERRIS BLVD, PERRIS, CA 92571		41 TYPE OF DISPOSITION(S) BU	
42 SIGNATURE OF EMBALMER [REDACTED]		43 LICENSE NUMBER EMB8010		44 NAME OF FUNERAL ESTABLISHMENT EVANS BROWN SUN CITY MORTUARY	
45 LICENSE NUMBER FD1225		46 SIGNATURE OF LOCAL REGISTRAR [REDACTED]		47 DATE mm/dd/yyyy 07/18/2008	
101 PLACE OF DEATH HEMET VALLEY MEDICAL CENTER		102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DQA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103 IF OTHER THAN HOSPITAL, SPECIFY ONE	
104 COUNTY RIVERSIDE		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1117 E. DEVONSHIRE AVE		106 CITY HEMET	
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 metabolic derangement without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) PULMONARY THROMBOEMBOLUS - UNKNOWN NATURAL ETIOLOGY		108 DEATH REPORTED TO CORONER Great and Death <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 2008-05204		109 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110 AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111 USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	
113 WAS PRELIMINARY PERFORMED, OR ANY CONDITION IN ITEM 107 OR 112? (If "no," all types of conditions, and only) NO		114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent's Attorney: [REDACTED] Deceased's Last Name: [REDACTED]		115 SIGNATURE AND TITLE OF CERTIFIER [REDACTED]	
116 LICENSE NUMBER [REDACTED]		117 DATE mm/dd/yyyy 07/15/2008		118 TYPE, TITLE AND PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE [REDACTED]	
119 I CERTIFY THAT IN ALL OTHER DEATHS I CAUSED AND REPORTED, DATE AND PLACE STATED WERE THE CAUSES LISTED MANNER OF DEATH <input checked="" 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 checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121 INJURY DATE mm/dd/yyyy [REDACTED]	
122 HOURS (24 Hours) [REDACTED]		123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) [REDACTED]		124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) [REDACTED]	
125 LOCATION OF INJURY (Street and number, or location, and city, and ZIP) [REDACTED]		126 SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]		127 DATE mm/dd/yyyy 07/15/2008	
128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER MICHELLE DRAFTON, DEPUTY CORONER		129 STATE REGISTRAR A B C D E		130 FAX AUTH. # [REDACTED]	
131 CENSUS TRACT [REDACTED]		132 STATE REGISTRAR A B C D E		133 FAX AUTH. # [REDACTED]	

INFORMATIONAL,
NOT A VALID DOCUMENT
TO ESTABLISH IDENTITY

CARIVERSO2



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

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

JAN 16 2025

DATE ISSUED

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Assessor-County Clerk-Recorder.



035370125

Peter Aldana
PETER ALDANA
ASSESSOR-COUNTY CLERK-RECORDER
RIVERSIDE COUNTY, CALIFORNIA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE