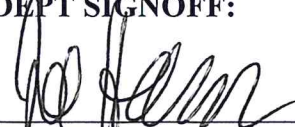


**EL DORADO COUNTY BOARD OF SUPERVISORS  
AGENDA ITEM TRANSMITTAL  
MEETING OF JANUARY 9, 2018**

**AGENDA TITLE: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY DATED NOVEMBER 04, 2016**

|  |  |                     |
|--|--|---------------------|
| <b>DEPARTMENT: AUDITOR-CONTROLLER</b>        | <b>DEPT SIGNOFF:</b>   | <b>CAO USE ONLY</b> |
| <b>CONTACT: SALLY ZUTTER/JOY SHAW</b>        |  |                     |
| <b>DATE: 12/15/2017      PHONE: 621-5470</b> |  |                     |

**DEPARTMENT SUMMARY AND REQUESTED BOARD ACTION:**

On November 04, 2016, a Sale of Tax Defaulted Property was conducted by the Treasurer-Tax Collector's office. Parties of interest, as defined by Revenue & Taxation (R&T) Code §4675, were notified that the properties identified on the attached list were sold for more than the amount required to satisfy delinquent taxes & costs of the sale. Valid claim(s) have been filed for the excess proceeds due to the sale of the properties.

The Auditor-Controller's office has reviewed the claim(s) and supporting documentation and is of the opinion that the claimant(s) are entitled to the proceeds pursuant to R&T Code §4675.

The Auditor-Controller recommends that the Board of Supervisors authorize the Auditor-Controller to notify all valid claimants of the Board's action(s) and disburse excess proceeds as determined by the Board.

**CAO RECOMMENDATIONS:**

|                                  |  |
|----------------------------------|--|
| Financial impact? ( ) Yes (x) No | Funding Source: ( ) Gen Fund ( ) Other<br>Other: |
|----------------------------------|--|

|  |  |
|--|--|
| <p><b>BUDGET SUMMARY:</b></p> <p>Total Est. Cost _____</p> <p><b>Funding</b></p> <p>Budgeted _____</p> <p>New Funding _____</p> <p>Savings _____</p> <p>Other _____</p> <p>Total Funding _____</p> <p><b>Change in Net County Cost</b></p> | <p><b>CAO Office Use Only:</b></p> <p>4\5's Vote Required. ( ) Yes ( ) No</p> <p>Change in Policy ( ) Yes ( ) No</p> <p>New Personnel ( ) Yes ( ) No</p> <p><b>CONCURRENCES:</b></p> <p>Risk Management _____</p> <p>County Counsel _____</p> <p>Other _____</p> |
|--|--|

**Explain**

**BOARD ACTIONS:**

|   |  |
|---|--|
| <p><b>Vote: Unanimous _____ Or</b></p> <p><b>Ayes:</b></p> <p><b>Noes:</b></p> <p><b>Abstentions:</b></p> <p><b>Absent:</b></p> | <p><b>I hereby certify that this is a true and correct copy of an action taken and entered into the minutes of the Board of Supervisors.</b></p> <p><b>Date:</b> _____</p> <p><b>Attest: James S. Mitrisin, Board of Supervisors Clerk</b></p> <p><b>By:</b> _____</p> |
|---|--|