EL DORADO COUNTY BOARD OF SUPERVISORS AGENDA ITEM TRANSMITTAL MEETING OF FEBRUARY 12, 2013

DEPARTMENT: AUDITOR-CONTROLLER CONTACT: SALLY ZUTTER/JOY SHAW DATE: 01/25/2013 PHONE: 621-5470	DEPT SIGNOFF: CAO USE ONLY POLHAM ROADD ACTION:			
	Gol Harn kg			
DATE: 01/25/2013 PHONE: 621-5470	POARD ACTION:			
	ROADD ACTION:			
DEPARTMENT SUMMARY AND REQUESTED	DOARD ACTION.			
On November 04, 2011, 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 property identified as APN 051-210-10-100 was sold for \$8,921.33 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 property. The Auditor-Controller's office has reviewed the claim(s) and supporting documents 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.				
Claimant(s) Type	Recommended Distribution			
	th Title of Record \$8,921.33			
Unclaimed R&T Code §4674 -0- CAO RECOMMENDATIONS:				
Financial impact? () Yes (x) No	Funding Source: () Gen Fund () Other			
•	Other:			
BUDGET SUMMARY:	CAO Office Use Only:			
Total Est. Cost	4\5's Vote Required. () Yes() No			
Funding	Change in Policy () Yes() No			
Budgeted	New Personnel () Yes() No			
New Funding	CONCURRENCES:			
Savings	Risk Management			
Other	County Counsel			
Total Funding	Other			
Change in Net County Cost				
Explain				
BOARD ACTIONS:				
Vote: Unanimous Or Ayes:	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.			
Noes:	Date:			
Abstentions: Absent:	Attest: James S. Mitrisin, Board of Supervisors Clerk By:			



County of El Dorado OFFICE OF AUDITOR-CONTROLLER

360 FAIR LANE PLACERVILLE, CALIFORNIA 95667 Phone: (530) 621-5487 Fax: (530) 295-2535

JOE HARN, CPA Auditor-Controller BOB TOSCANO
Assistant Auditor-Controller

January 25, 2013

El Dorado County Board of Supervisors 330 Fair Lane Placerville, CA 95667

Honorable Board Members:

Title:

Excess Proceeds from the Sale of Tax Defaulted Property dated November 04, 2011

Recommendation:

The Auditor-Controller recommends that the Board of Supervisors authorize the Auditor-Controller to disburse excess proceeds for APN 051-210-10-100 pursuant to the attached information.

Reason for Recommendation:

The recommendation is based on §4675 of the Revenue and Taxation Code.

Fiscal Impact:

No net impact.

Action To Be Taken Following Approval:

The Auditor-Controller will disburse funds as directed.

Yours very truly,

Auditor-Controller

enclosures JH/js

13-0113 H 2 of 7



County of El Dorado OFFICE OF AUDITOR-CONTROLLER

360 FAIR LANE PLACERVILLE, CALIFORNIA 95667 (530) 621-5487

> BOB TOSCANO Assistant Auditor-Controller

January 17, 2013

Dennis F Wall 60 Oak Knoll Santa Cruz, CA 95060

Re: Notice of Public Hearing for Excess Proceeds Claim from the Sale of Tax Defaulted Property of

November 04, 2011

APN: 051-210-10-100 Default No.: 090155 Excess Proc. Available: \$8,921.33

Please be advised that the Auditor-Controller will present to the Board of Supervisors only valid original claims for excess proceeds meeting the requirements of Revenue and Taxation (R&T) Code §4675 or other applicable authority. The Auditor-Controller will present all valid claims with a recommendation for distribution to a duly noticed Board of Supervisor's public hearing.

The Auditor-Controller will notify all claimants submitting valid claims of the scheduled public hearing at least 20 calendar days in advance. The notice will include the recommended distribution and copies of any other valid claims for the same property. Parties with valid claims are not required to attend the public hearing; however, you may do so if you wish. Any person(s) interested may attend the public hearing.

Following the determination of distribution for valid claims at the public hearing, the Auditor-Controller will notify valid claimants of the action taken by the Board of Supervisors. Pursuant to R&T Code §4675(b), any action or proceeding to review the decision of the Board of Supervisors must be commenced within 90 calendar days after the date of the Board of Supervisors decision. County warrants will be issued no sooner than 90 days after the date of the decision of the Board of Supervisors.

Please contact Sally Zutter, Accounting Division Manager, or Joy Shaw at the address above, or at 530/621-5470 with any questions.

NOTICE OF HEARING

The El Dorado County Board of Supervisors will hold a public hearing on February 12, 2013, beginning at 9:00 o'clock a.m., regarding the determination of distribution of the excess proceeds for APN 051-210-10-100 from the Sale of Tax Defaulted Property dated November 04, 2011. The hearing will be held at the Board of Supervisors chambers located in Building A, 330 Fair Lane, Placerville, California, 95667. All claims, proof, supporting documents, and relevant information, submitted by valid claimants meeting the requirements of R&T Code §4675, will be forwarded to the Board of Supervisors office prior to the public hearing.

Claimant(s) Names and Addresses:

Dennis F Wall 60 Oak Knoll Santa Cruz, CA 95060

Claimant	Claimant Type	\$ Claimed	Recommended Distribution
Dennis F Wall	Person with Title of Record	8,921.33	8,921.33
Unclaimed	R&T Code §4674	-0-	-0-

■ C. L. Raffety, C.P.A. **■**



360 Fair Lane, Placerville, Calif. 95667 Tax Collector (530) 621-5800

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

Mail to:	El Dorado County Auditor-Controller Property Tax Division - Attn: Excess Proceeds 360 Fair Lane Placerville CA 95667			
Date of T I, the unde above-refe	r Parcel Number: 05/-2/0-10-100 In Tax Sale: 100/00 In Tax Sale: 1	-		_
Code (R&	by status as a party of interest pursuant to §4675 of ET Code). I hereby state that I am a rightful claimatenholder of record prior to recording of tax deed to essignee of a lienholder of record prior to recording my person(s) with title of record to all or any portion of the tax deed to the purchaser. If so, list ownership type (check one):	nt as (check one):	IS NOV TO BE II: 13	AUDITOR-CONTROLLER
	☐ Joint Tenancy ☐ Tenancy in Common ☐ Sole Owner ☐ Other (please list):			
	If so, list percentage of ownership for each claims (attach additional list of names, as necessary): Claimant 1 Name: Length Wall		_ %)
	Claimant 2 Name:ssignee of any person(s) with title of record to all o	Percentage of Ownership)
	cordation of the tax deed to the purchaser.	rang portion of the property prior to the		

If so, list ownership type (check one):

\Box	Joint Tenancy
	Tenancy in Common
	Sole Owner

Other (please list):

If so, list <i>percentage of ownership</i> for each claimar (attach additional list of names, as necessary):	t to this claim
Claimant 1 Name:	Percentage of Ownership: %
Claimant 2 Name:	
I base my status and right to claim on the attached documentat El Dorado County Resolution 342-2003. (Enclose copies of s	ion (check all that apply). Please review
Copy of claimant's trust deed or other evidence of lien information regarding: the original amount of the lien or interest the total amount of payments received resor interest the amount still due and payable as of the property by the Tax Collector (including any attempts to foreclose or collect on the Deeds	educing the original amount of the lien e date of the sale of the tax-defaulted a schedule of any calculations)
 □ Wills and/or death certificate(s) □ Court order(s) □ Escrow documents □ Property tax bills mailed to claimant □ Canceled checks showing payment of taxes □ Other (please list): 	
If this claim is an assignment, additional items need to be substituted must be originals. Please review R&Resolution 342-2003 for further details.	
I affirm under penalty of perjury that the foregoing is true and Executed this day of November, 20 17 (year	at Scotts Willey CA
(day) (month) (year) Signature of Claimant(s): Signature of Claimant(s):	
(If more than one claimant, each must sign) (Claim	nant signature(s) must be notarized)
Print Name(s): DENNIS F. W.	ABL
Daytime Phone Number: 831-247-083	4
Mailing Address: 60 OTK KNO!!	
Mailing City, State, Zip: SZNTZ CAUZ	CA 95060
Notary: Attach notary statement(s)	