



TOMASSIAN, PIMENTEL & SHAPAZIAN

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FRESNO, CA 93711

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County of Fresno

Oscar J. Garcia, CPA
Auditor-Controller/Treasurer-Tax Collector

October 25, 2019

Richard Sanchez
2511 N Hanover Ave
Fresno, Ca 93722

Subject: County of Fresno's 2016 Tax Sale Excess Proceeds Item # 396, APN 510-060-30 Recommendation

Dear Excess Proceeds Claimant:

Per 301

The purpose of this letter is to give you notice that the Fresno County Board of Supervisors (Board), on **November 5, 2019 at 9:00 a.m.**, or as soon after that time as practicable, at the **Hall of Records, 2281 Tulare Street, Third Floor, in Fresno, California 93721**, will be determining the distribution of the excess proceeds from the County of Fresno's 2016 sale of tax-defaulted properties. Members of the public are welcome to attend and address the Board on this matter.

The distribution proposed by the Office of the Auditor-Controller/Treasurer-Tax Collector, based on its review of all claims and supporting documents, will be available for review online at <http://fresnocounty.legistar.com> when the agenda for the November 5, 2019 Board meeting is posted, which is usually about a week before the meeting. The final determination will be available for review online no earlier than November 6, 2019, at the same website.

You are receiving this letter because you submitted a claim for excess proceeds from the 2016 tax sale. If the Board's determination does not occur on November 5, 2019, and is continued to a later date, you might not receive another letter. After the Board makes its determination, the final distribution will occur not less than 90 days later. Any action or proceeding to review the Board's distribution must be brought within 90 days after the Board makes its determination, as provided in California Revenue and Taxation Code section 4675, subdivision (g).

If you have any questions related to this matter, please contact our office at (559) 600-3482:

Sincerely,

Oscar J. Garcia, CPA
AUDITOR-CONTROLLER/TREASURER-TAX COLLECTOR

Manjit S. Dhaliwal
Accounting and Financial Division Chief
Tax Collection Division

TAX COLLECTION DIVISION
Room 105 / 2281 Tulare Street / P.O. Box 1192 / Fresno, California 93715 / (559) 600-3482
Equal Employment Opportunity Employer

DECLARATION UNDER PENALTY OF PERJURY PURSUANT TO
CALIFORNIA PROBATE CODE SECTION 13100
FOR COLLECTION OF PERSONAL PROPERTY OF DECEASED
NOT EXCEEDING \$150,000.00 IN VALUE

1. We, PAUL JOHN SANCHEZ, RICHARD E. SANCHEZ, CYNTHIA R. CROSSLEY, and RANDY R. SANCHEZ, are the children and successors to the entire interest of the property of SALLY VIVIAN SANCHEZ, also known as SALLY V. SANCHEZ (the "Decedent"). Decedent SALLY V. SANCHEZ was an owner of the real property commonly known as APN 510-060-30 (the Property"). Decedent was the daughter of ROSA SAINZ VASQUEZ, also known as ROSA VASQUEZ ("Life-Estate holder"). Life-Estate holder Rosa Vasquez was granted a life-estate in the Property by her children, including Decedent, by Grant Deed recorded August 11, 1987. The Decedent predeceased the Life-Estate holder. Specifically, Decedent died October 21, 1996, and thereafter the Life-Estate holder, ROSA VASQUEZ, died in the County of Fresno, California on June 7, 1998.

2. At least forty (40) days have elapsed since the death of the Decedent, as shown in the copy of the Decedent's death certificate attached to this Declaration as Exhibit "A".

3. At least forty (40) days have elapsed since the death of the Life-Estate Holder, as shown in the copy of the previously filed certified copy of the Decedent's death certificate attached to this Declaration as Exhibit "B".

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 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 (\$150,000.00).

6. The property of the Decedent that is to be paid, transferred, or delivered to the Declarants is described as follows:

Fresno County Auditor-Controller
Treasurer-Tax Collector
Claim for Excess Proceeds
APN 510-060-30
\$89,622.77

7. Decedent died without a Will and, under Section 6402 of the California Probate Code, we are the Decedent's sole heirs at law and the successors of the Decedent (as defined in section 13006 of the California Probate Code) as to one hundred percent (100%) of the Decedent's interest in the described property.

8. The Life-Estate holder's spouse, RAFAEL VASQUEZ, predeceased the Life-Estate holder, as shown on the copy of the death certificate attached to this Declaration as Exhibit "C".

9. The Decedent, SALLY VIVIAN SANCHEZ, predeceased the Life-Estate holder, as shown on the copy of the death certificate attached to this Declaration as Exhibit "A". The Declarants are the children of Decedent SALLY VIVIAN SANCHEZ.

10. No other person has a superior right to the interest of the Decedent in the described property.

11. Pursuant to the facts set forth above and Section 13100 et seq. of the California Probate Code, the Declarants request that all of the Property interest held by the estate of Decedent SALLY VIVIAN SANCHEZ be paid, delivered, or transferred to the Declarants, in four equal shares.

12. The Declarants agree to hold harmless and indemnify you against all liability claims, demands, loss, damages, costs, and expense whatsoever, which you may incur or suffer by reason of the transfer, payment or delivery to the Declarants of any property pursuant hereto.

We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: December 2, 2019


PAUL JOHN SANCHEZ


RICHARD E. SANCHEZ


CYNTHIA R. CROSSLEY


RANDY R. SANCHEZ

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.

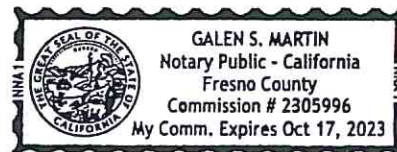
State of California)
County of Fresno)

On December 2, 2019, before me, GALEN S. MARTIN, a Notary Public, personally appeared PAUL JOHN SANCHEZ, 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.

 (Seal)
Signature



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 Fresno)

On December 2, 2019, before me, GALEN S. MARTIN, a Notary Public, personally appeared CYNTHIA R. CROSSLEY, 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.

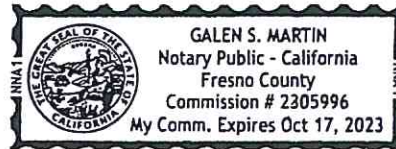
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.



Signature

(Seal)



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State of California)
County of Fresno)

On December 2, 2019, before me, GALEN S. MARTIN, a Notary Public, personally appeared RICHARD E. SANCHEZ, 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)



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State of California)
County of Fresno)

On December 2, 2019, before me, GALEN S. MARTIN, a Notary Public, personally appeared RANDY R. SANCHEZ, 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.

 (Seal)
Signature

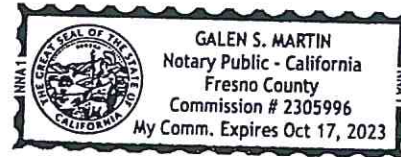


EXHIBIT A

CERTIFICATION OF VITAL RECORD

FRESNO, CALIFORNIA

CERTIFICATE OF DEATH 3 4 9 9 3 10 10 4 6 6

CERTIFIED COPY OF VITAL RECORDS

55

DATE ISSUED

FEB 13 2017

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE FRESNO COUNTY RECORDER.

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

PAUL DIGEOS, C.P.A.
COUNTY RECORDER



00004 4.2057

EXHIBIT B

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO

FRESNO, CALIFORNIA

3 051998 0 74 758

CERTIFICATE OF DEATH

3199810 002613

STATE FILE NUMBER		USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 7/97)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
ROSA		SAINZ		VASQUEZ	
4. DATE OF BIRTH MM/DD/YYYY		5. AGE YRS.		7. DATE OF DEATH MM/DD/YYYY	
07/06/1904		93		06/07/1998	
8. STATE OF BIRTH		10. SOCIAL SECURITY NO.		12. MARITAL STATUS	
ARIZONA				WIDOWED	
14. RACE		15. HISPANIC SPECIFY		16. USUAL EMPLOYER	
CAUCASTAN		MEX/AMER		SELF	
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION	
HOMEMAKER		OWN HOME		75	
20. RESIDENCE - (STREET AND NUMBER OR LOCATION)					
4621 W SANTA ANNA					
21. CITY		22. COUNTY		23. ZIP CODE	
FRESNO		FRESNO		93705	
24. YRS IN COUNTY		25. STATE OR FOREIGN COUNTRY			
74		CA			
26. NAME OF RELATIONSHIP					
ADELINE FLORES DTR					
27. MAILING ADDRESS (STREET AND NUMBER OR APO BOX, CITY OR TOWN, STATE, ZIP)					
2808 W INDIANAPOLIS FRESNO CA 93705					
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
PASCUAL				SAINZ	
34. NAME OF MOTHER - FIRST		35. MIDDLE		36. LAST (MAIDEN)	
FRANCISCA				NENDOZA	
37. DATE MM/DD/YYYY		38. PLACE OF FINAL DISPOSITION		39. LICENSE NO.	
06/12/1998		ST. PETERS CEMETERY FRESNO, CA		8456	
40. TYPE OF DISPOSITION(S)		41. SIGNATURE OF EXAMINER		42. DATE MM/DD/YYYY	
BURIAL		<i>[Signature]</i>		06/11/1998 cv	
43. NAME OF FUNERAL DIRECTOR		44. LICENSE NO.		45. SIGNATURE OF LOCAL REGISTRAR	
TINKLER FUNERAL CHAPEL & CREM		FD-281		<i>[Signature]</i>	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY UNIT		103. FACILITY OTHER THAN HOSPITAL	
BEVERLY MANOR		IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA <input type="checkbox"/> RES <input checked="" type="checkbox"/> HOSP <input type="checkbox"/> CARE <input type="checkbox"/> OTHER <input type="checkbox"/>		FRESNO	
104. STREET ADDRESS - (STREET AND NUMBER OR LOCATION)		105. CITY			
2715 FRESNO STREET		FRESNO			
106. DEATH CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		107. DEATH REPORTED TO CORONER		108. DEATH REPORTED TO POLICE	
IMMEDIATE CAUSE (A) CARDIAC ARREST		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
DUE TO (B) CORONARY ATHEROSCLEROSIS		109. BIOPSY PERFORMED		110. AUTOPSY PERFORMED	
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO (C)		111. USED IN DETERRMINING CAUSE			
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
DUE TO (D)					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 106		113. SIGNATURE AND TITLE OF PHYSICIAN		114. LICENSE NO.	
NONE		<i>[Signature]</i>		A159700	
115. HAD OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? IF YES, LIST TYPE OF OPERATION AND DATE		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		117. DATE MM/DD/YYYY	
NONE		ARTHUR A MOORE MD, 1383 E HERNDON #103 FRESNO CA 93720		06/11/1998	
118. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED, EXCEPT WHERE SPECIFICALLY NOTED ALIVE MM/DD/YYYY, KN:MM/DD/YYYY		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		120. INJURY AT WORK	
10/29/1997 04/17/1998				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
121. HANDED BY		122. INJURY DATE MM/DD/YYYY		123. HOUR	
NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> DISEASE <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> CORONER'S DETERMINED <input type="checkbox"/>					
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		125. PLACE OF INJURY			
126. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		127. SIGNATURE OF CORONER OR DEPUTY CORONER		128. DATE MM/DD/YYYY	
		<i>[Signature]</i>			
129. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		130. FAX AUTH. #		131. CENSUS TRACT	
		89620			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF FRESNO }

SS DATE ISSUED

FEB 14 2017

* 0 0 0 4 4 1 8 6 7 *

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE FRESNO COUNTY RECORDER.

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FRESNO (REV) 05/16

PAUL DICTOS, C.P.A.
COUNTY RECORDER

EXHIBIT C

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF FRESNO

FRESNO, CALIFORNIA

CERTIFICATE OF DEATH

1008 02146

STATE FILE NUMBER		1A. NAME OF DECEASED—PRINT		1B. SEX		1C. LAST		1D. DATE OF DEATH—MONTH, DAY, YEAR (SEE INSTRUCTIONS)	
		RAPHAEL		M.		VASQUEZ		June 29, 1987 1005	
DECEASED PERSONAL DATA		2. SEX		3. RACE/ETHNICITY		4. BIRTH/DEATH PLACE		5. DATE OF BIRTH	
		Female		White		MEX-AMER		January 07, 1898	
		6. BIRTHPLACE OF DECEASED (STATE OR FOREIGN COUNTRY)		7. A. HOME AND BIRTHPLACE OF FATHER		8. MARRIAGE STATUS		9. NAME OF SURVIVING SPOUSE (IF ANY) (LAST NAME)	
		AZ		Rafael Vasquez - AZ		Married		Rosa Salazar	
		10. COUNTRY OF BIRTH		11. IF EMPLOYED, GIVE DATES OF SERVICE		12. BIRTH, DEATH, MARRIAGE		13. MARRIAGE STATUS	
		USA		12-19-19		MEX-AMER		Married	
		14. OCCUPATION		15. NUMBER OF YEARS THIS OCCUPATION		16. EMPLOYED BY (SELF-EMPLOYED, GOVERNMENT)		17. KIND OF BUSINESS OR BUSINESS	
		Plasterer		12		H.E. SUMMERS		Contractor	
USUAL RESIDENCE		18A. USUAL RESIDENCE—CITY, TOWN, VILLAGE AND NUMBER OF LOTS		18B. CITY OR TOWN		19. NAME AND ADDRESS OF NEAREST RELATIVE		20. NAME AND ADDRESS OF NEAREST RELATIVE	
		4621 West Santa Ana		Fresno		Sally Sanchez - Daughter		4613 West Santa Ana Fresno CA 93711	
PLACE OF DEATH		21A. PLACE OF DEATH		21B. COUNTY		21C. CITY OR TOWN		21D. STATE	
		Community Hospital		Fresno		Fresno		California	
		21E. STREET ADDRESS (CITY AND NUMBER OF LOT)		21F. CITY OR TOWN		21G. STATE		21H. ZIP CODE	
		Fresno & R Streets		Fresno		Fresno		93711	
CAUSE OF DEATH		22. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C		23. IF DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C		24. IF DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C		25. IF DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C	
		a. <i>Hyperemia & Septic</i>		b. <i>Heart failure</i>		c. <i>Hyperemia</i>		d. <i>Heart failure</i>	
		26. OTHER SIGNIFICANT CAUSES—CONTRIBUTORS TO DEATH (NOT RELATED TO CAUSE OF DEATH)		27. WAS DEATH REPORTED FOR ANY CONDITION IN ITEM 22?		28. WAS DEATH REPORTED FOR ANY CONDITION IN ITEM 22?		29. WAS DEATH REPORTED FOR ANY CONDITION IN ITEM 22?	
		CVA, 100%		NO		NO		NO	
PHYSICIAN'S CERTIFICATION		30A. I CERTIFY THAT DEATH OCCURRED AT THE PLACE, DATE, AND PLACE STATED FROM THE CAUSE OF DEATH		30B. PHYSICIAN—SIGNATURE AND PRINTED NAME		30C. DATE DEATH		30D. PHYSICIAN'S LICENSE NUMBER	
		5-31-83 6-29-87		Chia Chen Chen, MD, 159 NORTH CLAY, FRESNO, CA		6-30-87		A21500	
PLUENT INFORMATION		31. SPECIFIC ADDRESS, STREET, CITY		32. PLACE OF DEATH		33. DATE OF DEATH		34. DATE OF DEATH	
		31. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		32. DESCRIBE HOW PLUENT OCCURRED, INCLUDING WHEN REPORTED TO BUREAU		33. CORONER—SIGNATURE AND PRINTED NAME		34. DATE DEATH	
		31. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		32. DESCRIBE HOW PLUENT OCCURRED, INCLUDING WHEN REPORTED TO BUREAU		33. CORONER—SIGNATURE AND PRINTED NAME		34. DATE DEATH	
CORONER'S USE ONLY		35. I CERTIFY THAT DEATH OCCURRED AT THE PLACE, DATE, AND PLACE STATED FROM THE CAUSE OF DEATH		36. CORONER—SIGNATURE AND PRINTED NAME		37. DATE DEATH		38. DATE DEATH	
		35. I CERTIFY THAT DEATH OCCURRED AT THE PLACE, DATE, AND PLACE STATED FROM THE CAUSE OF DEATH		36. CORONER—SIGNATURE AND PRINTED NAME		37. DATE DEATH		38. DATE DEATH	
39. DISPOSITION		40. DATE—MONTH, DAY, YEAR		41. NAME AND ADDRESS OF CEMETERY OR CREMATORIUM		42. NAME AND ADDRESS OF CEMETERY OR CREMATORIUM		43. NAME AND ADDRESS OF CEMETERY OR CREMATORIUM	
		07/01/87		St. Peter's Cem. - Fresno, CA		James M. Cooper - 5582		JUN 30 1987	
44. NAME OF FUNERAL HOME OR PERSON ACTING AS FUNERAL HOME		45. LICENSE NO.		46. LOCAL REGISTRAR—SIGNATURE		47. DATE ACCEPTED BY LOCAL REGISTRAR		48. DATE ACCEPTED BY LOCAL REGISTRAR	
		TINKLER MISSION CHAPEL		F-281		DOAN R. COBB, M.D., B.F.		JUN 30 1987	
STATE REGISTRAR		49. STATE REGISTRAR		50. STATE REGISTRAR		51. STATE REGISTRAR		52. STATE REGISTRAR	
		50. STATE REGISTRAR		51. STATE REGISTRAR		52. STATE REGISTRAR		53. STATE REGISTRAR	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF FRESNO

DATE ISSUED

MAR 10 2017

000446533

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FRESNO 0010216

PAUL DIGTOS, C.P.A.
COUNTY RECORDER