

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF LAKE**

NOTICE OF INTENT

Public notice is hereby given that it is the intent of the Superior Court of California, County of Lake to transfer all or part of \$8,901.00 held in trust by the Court to the Court's operation account. This amount represents court checks never cashed by the payees listed below. These funds have remained unclaimed > three years.

If you are the owner or believe you have a valid claim to any of the monies listed below, you must file your claim with the Court no later than Jan 20, 2016, 5:00pm. Claims must be made on the official Claim Form, located on the Court website <http://www.lake.courts.ca.gov>. Claims must be submitted to the Court Executive Officer of the Lake County Courthouse at 255 N.Forbes St., Lakeport, CA 95453.

Listed monies not successfully claimed by January 20, 2016 are deemed the property of the Court pursuant to California Government Code §68084.1.

<u>Owner</u>	<u>Amount</u>
RODNEY DWAYNE BRAY	80.70
WILLIAM STEPHEN PITTS	22.48
DONALD JAY REED	150.00
PAUL OTLEY HARRIS	47.00
VASILY VASILIVICH GOOSIEFF	30.30
PAMELA JOANNE TURNEY	20.10
RICHARD VICTOR DAVIS	33.40
TINA LOUISE DILLON	30.00
BRIAN JAY EBBESON	20.78
KARI MARIE HOUSTON	25.20
MARK ALLAN WIGGS	25.20
CHRISTINA ANNE TUBBS	62.72
DAVID MATTHEW BROWN	20.44
KEVIN MICHAEL INGRAM	40.80
RONALD DALE KEAS	20.10
ANTHONY WILLIAM EFESTIONE	30.00
KEVIN MICHAEL INGRAM	40.80
RACHEL LEANN SMITH	23.50
SHANNAN K MITTELSTEDT	26.90
DONALD JOSEPH BUA	72.24
NETA KERCE CORLEY	141.00
PAUL TRIOLA	50.40
LORRAINE PEARL MCKINNEY	33.40
GEORGE CUNNINGHAM	38.84
LORRAINE PEARL MCKINNEY	33.40
PENELOPE SHIBLEY	40.20
THOMAS WILLIAM MCLEAN	43.60
CHARLOTTE HUNT	36.80
RAYMOND ERLAND HELLGREN	23.84
CARMEN J SCHULTZ	32.04
JOEL ROBERT BONDS	48.36

NANCY CAROL LANE	50.40
ROBERT LEWALLEN LOSSIUS	58.26
ROBERT LYNN SMITH	86.90
JEFFREY WAYNE BASHAM	117.50
CHRISTOPHER MICHAEL ELDER	30.00
MELISSA JOAN MARGRAVE	32.04
MARIETTA CLARE THOMPSON	23.50
RALPH WALDEMAR HAGEDORN	27.20
ARMAND PAUL FLORES	80.40
PHAEDRA RAE PHELPS	87.20
ANDREW JAMES SERRANO	42.24
MATTHEW RICHARD TUTOR	50.40
WILLIAM DENNIS DJERNES	20.10
MARSHALL BENJAMIN MOORE	23.16
BARBARA JEAN CLARK	25.20
MARK LEE JOHNSON	26.56
DENISE RENE SUTTON	28.60
DONALD BERT GREEN	38.16
CURTIS ALLAN SPANGLER	24.18
MICHAEL DAVID RADUNZ	61.32
SHERI LYNN KNIGHT	34.76
KAREN ELEANOR LAMBERT	23.50
NICHOLAS GEORGE HADGIS	30.00
GERALD RICHARD MORSE	45.64
MARK ERIC SANER	32.04
DAVID JACKSON	40.20
CHIP LEON JOHNSON	24.52
JASON EDWIN TAYLOR	45.00
LINDA LEE SHEFFERT	24.86
TONIGAYLE CONLEY	27.24
JOHNNY RAY CRAIL	30.30
MICHAEL ALLAN MCMANUS	24.18
CHRISTINA ROSE LLOYD	25.50
ROBERT CALVILLO	50.10
LINDA JEAN COLE	20.10
ROLINDA GALE THOMPSON	22.82
DIANE KAY MCCONNELL	23.50
KIMBERLY ANN ILLIA	23.50
MARK WILLIAM CURRIER	30.00
AUSTIN JAROD PRATT	47.00
JUDY ANN ROTT	80.70
MARILYN IRENE UNDERWOOD	30.00
MICHAEL MATTHEW MAGUIRE	21.80
PATRICIA ANN JANAKES	22.48
FRANK E KOSAR	22.82
KIRSTEN LEE PERRY	33.40
MICHELLE BUELL	36.80
MARTIN SQUIER	43.60
DEBORAH LYNN SIMON	66.80
VINCENT LEE MCINTOSH	30.00
WESTON ELLIOT KOHLER	30.00
DAVID ALAN CABRAL	52.44
RODNEY DWAYNE BRAY	28.60
GARY ELLSWORTH JOHNSON	26.90
LINDA JO LONGWITH	21.80

STEPHEN LENNIS GARCIE	25.54
TONJA LYNNE DAILEY	30.00
ANTHONY BRYANT ROMO	36.80
RICHARD PRICE ROLLER	70.50
AARON MICHAEL BRANINE	21.80
THOMAS SEAN OROURKE	50.10
JONNA DIERKE WEIDAW	75.60
PEGGY JEAN MACDONALD	124.00
EDDIE DANIELS	26.90
RONALD EDWARD WOMBLE	21.80
JOHN STEPHEN MCCARTHY	30.00
TRACY MICHAEL EDWARDS	27.92
DENNIS W FAY	20.10
GREGORY JAY GRAHAM	21.12
NICHOLAS GEORGE HADGIS	75.00
CHRISTI ANN KUHNER	20.40
LUCINDA ANNE DOOM	36.12
RAE ELM RILEY	40.20
DONALD WAYNE VANPELT	45.00
DENNIS CHARLES BLUM	26.56
DEBORAH JEAN BILLS	95.40
DEBORAH JEAN BILLS	114.48
PETER DYLAN SUDDETH	21.80
DONALD SCOTT WADE	150.22
JOHANNA LYNNE EISLER	50.40
KENNETH BRIAN DORSEY	20.10
LINDA SUE THIBODEAUX	37.48
MARIS C VALADEZ	30.00
MICHAEL LEROY WILEY	33.40
NEIL FRASER HARTSON	35.44
ROY EUGENE PERKINS	58.26
KATHLEEN PALLAS ROSS	27.20
LEA HARP TULEY	43.60
SAMANTHA ANN RICH	55.20
DAVID TROY MCKENNEY	28.60
TINA MARIE HARRIS	23.50
CONNIE RUTH PAGULAYAN	60.00
KIMBERLY FAYE BURKS	71.52
DENISE DOLORES HARTNETT	20.10
KIM LENE TOSTIE	23.50
STEVEN HUGHES SNOW	45.00
ANTHONY WADE HAMPTON	23.50
JOHN EDWARD BIRUM	25.20
KELLY LYNN BUTCHER	30.00
JEREMY MICHAEL AMBRECHT	26.56
SAMANTHA LYNN CRABTREE	26.56
DAKODA JAMES BRACISCO	26.90
JAMES GOULD SALVANTE	36.72
MARY ELIZABETH MANNING	117.50
SHELLEY MARIE SHULMAN	30.00
BERNARD RAY HUHANE	53.12
RICHARD HERBERT JOHNSON	21.80
MICHELLE BUELL	30.00
JOHN ARCHIE MILLER	75.60
BARBARA PARRIOTT	23.50

PAUL ALAN DOBSON	57.20
MATTHEW VINCENT EGAN	20.10
MICHAEL ROBERT HEFFNER	25.20
SHIRLEY NAN BAIRD	45.00
KATHLEEN ANN DUTRAENDICOTT	45.00
ANDREW BERNARD LUCHSINGER	70.50
DIANA LYNN BEVERLIN	22.48
JEFFREY H WIEDENFELD	15.00
JOE WAYNE OWEN	15.00
DANIEL JOSEPH MITCHELL	20.40
PAUL GRAY BAKER	30.00
MANDI KAYE HUFF	43.60
ROSALIE HELEN JONES	50.40
CARLOS PRADOMERZE	69.52
DONELLA ANN KELSAY	23.80
BRENDA JEAN MCCOY	24.52
MICHAEL CARLETON ELLIOTT	30.00
ERIC L NELSON	20.10
CESUS BELTRAN	82.00
ENERLE MAGUIRE AND GORDON	150.00
GRACE CHEN	116.00
MICHAEL BRAND	76.00
SUDHIR MOHAN	130.00
JUANA DEGARCIA	1000.00
RUTHANN G ZIEGLER ESQ	100.00
GAIL BENNETT-WOFFORD	288.70
KIMVILAIY SOM	70.00
ANASTAZIA ZANET	33.10
ROSS SHOOP	30.00
NICHOLE WICKS	24.00
ERIC BRANOVICK	24.00
STEPHEN SMITH	24.00
VICTOR PEREZ	36.00
DAVID LESON	60.00
MARY AKROP	100.00
JOHN NUNES	40.00
HOLLINGSHEAD AND ASSOCIATES	21.00



SUPERIOR COURT OF CALIFORNIA COUNTY OF LAKE

CLAIM FORM INSTRUCTIONS

If you are claiming funds, please complete the following:

STEP 1: Fill out the attached forms (**Claim Form** and **Payee Data Record Form**). When completing the claim forms, please type or print legibly in blue or black ink. Claims that are illegible will be returned. Claims must be made using the court's forms. Any modifications made to the court's forms will not be accepted.

STEP 2: You must sign the Claim Affirmation Form and have it notarized if your claim is over \$1,000 or your claim will not be processed. Please read all of the instructions and make copies of all required documents (driver's license, etc.). Owners or heirs are required to provide documentation to validate their claims.

STEP 3: Each claimant is required to fill out a separate Claim Form and Payee Data Record Form.

STEP 4: Please send the completed forms along with all the required materials to:
Superior Court of California,
County of Lake
255 N. Forbes St.
Lakeport, CA 95453

ORIGINAL OWNER FILING CLAIM:

The following is a checklist of the documentation required when sending in your claim:

- Completed and signed Claim Form;
- Notarize your Claim of Affirmation Form, if your claim is over \$1000;
- Copy of current photo identification;
- Proof of Social Security Number;
- Proof associating you to the Court and the funds being claimed
- The original instrument used such as a receipt, copy of check, judgment, etc.
- Completed and signed Payee Data Record Form.

HIER OF DECEASED OWNER FILING CLAIM:

The following is a checklist of the documentation required when sending in your claim:

- Completed and signed Claim Form;
- Notarize your Claim Form, if your claim is over \$1000;
- Death certificate of the deceased owner(s) of the funds;
- Proof associating the deceased owner to the Court and the funds being claimed;
- Copy of current photo identification for each heir;
- Proof of Social Security number for each heir;
- Proof associating each heir with the deceased owner;
- Proof that the deceased owner's property passes to each heir, and in what proportion;
- The original instrument used such as a receipt, copy of check, judgment, etc.;
- Completed and signed Payee Data Record Form.



**SUPERIOR COURT OF CALIFORNIA
COUNTY OF LAKE**

Today's Date: _____

Owner's Name: _____

Owner's Address: _____

Phone Number: _____

Amount Being Claimed: \$ _____

If not the Owner, Name of the Person Filling Completing this Form:

If not the Owner, Relationship to the Owner:

If not the Owner, Grounds on Which This Claim is Founded:
(Attach additional pages and documents as necessary)

AFFIRMATION AND SIGNATURE

I hereby affirm, under penalty of perjury, that I am the owner of these funds or an authorized agent of the owner and am duly authorized to make said claim upon the Superior Court of California, County of Lake. The above-named owner hereby agrees to indemnify and hold harmless the State, the Courts, its officers and employees from any loss as a result of payment of the amount claimed.

Signature: _____ Date: _____

255 N. Forbes Street ~ Lakeport, California 95453 ~ (707) 263-2374

PAYEE DATA RECORD (in lieu of IRS W-9)

Required in lieu of IRS W-9 form when receiving payments from the Judicial Council of California (JCC) on behalf of the Superior Courts of California

1 Instructions

See page two for additional instructional information and Privacy Statement. Complete all information on this form, sign, date, and return the form. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used to prepare Information Returns (1099). If this form was provided to you by one of the Superior Courts of California, return the form to the court. If this form was provided to you by the Judicial Council of California, submit the completed form to TCAFS.VendorRequest@jud.ca.gov or mail the form to the following address:
Judicial Council of California
Trial Court Administrative Services - Vendor Maintenance Unit
P.O. Box 981268
West Sacramento, CA 95798

SECTIONS 2 THRU 5 TO BE COMPLETED BY VENDOR

2 Legal Name

PAYEE'S LEGAL NAME - AS SHOWN ON FEDERAL INCOME TAX RETURN
BUSINESS NAME - IF DIFFERENT FROM ABOVE E-MAIL ADDRESS
REMITTANCE MAILING ADDRESS BUSINESS ADDRESS (if different from remittance mailing address)
CITY, STATE, ZIP CODE CITY, STATE, ZIP CODE
PHONE NUMBER FACSIMILE NUMBER

3 Payee Entity Type
Complete One Box Only

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) _ _ _ - _ _ _ _ _
 PARTNERSHIP CORPORATION EXEMPT (NON-PROFIT)
 LIMITED LIABILITY COMPANY CORPORATION - LEGAL GOVERNMENT
 CORPORATION - MEDICAL OTHER - ESTATE OR TRUST
 INDIVIDUAL/SOLE PROPRIETOR
ENTER SOCIAL SECURITY NUMBER (SSN) _ _ - _ _ - _ _ _ _ _

NOTE
A taxpayer identification number is required

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN; however, the IRS prefers that you use your SSN. An employee vendor is not required to provide a SSN.

4 Resident Status
check the appropriate box

California Resident - Qualified to do business in California or maintains place of business
 California Nonresident (see reverse side) - Payments to non-resident for services may be subject to State Income Tax withholding.
 No services performed in California
 Copy of Franchise Tax Board waiver of State Withholding attached

5 Certification
NOTE
See instructions on page 2

Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, as defined by the IRS.

I hereby certify under the penalty of perjury that the information provided on this document is true and correct. Should my information change, I will promptly notify the JCC at the address listed in Section 1.

Vendor Contact Information and signature

VENDOR REPRESENTATIVE'S NAME (Type or Print) TITLE E-MAIL
AUTHORIZED VENDOR SIGNATURE DATE TELEPHONE

SECTION 6 TO BE COMPLETED BY COURT

6 Vendor Category

Please choose from the JCC Vendor category below to help us expedite payment
 ARBITRATOR VOLUNTEER OTHER (description required)
 CONTRACTOR GRAND JURY RENT SETTLEMENTS/AWARDS
 COURT APPT. COUNSEL INTEREST PAYMENTS ONLY DECEASED FINAL PAYMENT
 COURT REPORTER COURT INTERPRETER: (indicate language)
 EMPLOYEE MEDIATOR GARNISHMENT TRUSTEE **PAYMENT TERMS**

Court Contact

COURT CONTACT NAME PHONE NUMBER EMAIL

FOR JCC USE ONLY (Form updated 08/26/2014)

Assigned Vendor Number Assigned By:

Requirement to Complete Payee Data Record

A completed Payee Data Record (in lieu of the IRS W-9) is required for payments and will be kept on file at the Judicial Council of California, Trial Court Administrative Services Office. Since each state agency with which you do business must have a separate Payee Data Record on file, it is possible for a payee to receive a similar form from various state agencies.

SECTIONS 2 THRU 5 TO BE FILLED OUT BY VENDOR

2	<p>Enter the payee's legal name. Sole proprietorships must also include the owner's full name.</p> <p>An individual must list his/her legal name as it appears on his/her Federal Income tax return. If a different name is used, that name should also be entered, beneath the legal name.</p> <p>The mailing address should be the address at which the payee chooses to receive correspondence. The business address is the physical location of business, if different than mailing address. The phone number, e-mail address, and facsimile number should also be provided.</p>
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation.</p> <p>The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals is their Social Security Number (SSN). A sole proprietor may have both a Federal Employer Identification Number (FEIN) and a SSN, the IRS prefers that sole proprietors use their SSN. Only partnerships, estates, trusts, and corporations will enter their FEIN.</p>
4	<p>Are you a California resident or non-resident?</p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California.</p> <p>An estate is a resident if the decedent was a California resident at the time of death.</p> <p>A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a non-resident.</p> <p>Payments to all non-residents may be subject to withholding. Non-resident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Non-resident Withholding, contact the Franchise Tax Board at the numbers listed below: Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov</p>
5	<p><u>This form must be signed.</u> Provide the name, title, e-mail, and telephone number of the individual completing this form. Also, provide the date the form was completed.</p> <p><u>Certification Instructions:</u> You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you are not a U.S. Citizen or U.S. person, as defined by the Internal Revenue Service, a different form may be required and tax withholdings may apply. See IRS website http://www.irs.gov/businesses/international/index.html for additional information.</p>

SECTION 6 TO BE FILLED OUT BY COURT

6	<p>Please check the box that best describes the type of business/work the vendor provides. This will assist us in processing payment and tax withholdings. If the court is sending the request, please include contact information to assist with processing your request. Not including court contact information may delay processing the request.</p>
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Privacy Statement: Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes non-compliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise the right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.