

February 24, 2022

Housing Program Manager  
1441 Schilling Place, South 2<sup>nd</sup> Floor  
Salinas, California 93901



Re: Marjorie Moore

114 Circulo de Casitas  
Monterey, California

To whom it may concern,

Pursuant to my conversation with Rosa from your office, I submit the following information at her request.

1. My mother, Marjorie Moore maintained her residence at the above referenced address from the date of purchase in March 2001 until March 2020. At that time, due to illness, it became necessary to move her closer to her daughter in Southern California for care. Out of an abundance of care and concern for the empty property, we connected with a young military family in Monterey that desperately needed a home to rent.
2. Subsequently, on November 10, 2021, she passed away. A copy of her death certificate is attached.
3. POA is attached for your files
4. A copy of the most recent Property Tax Bill showing that the property has been held in her trust. Note: I recollect that she provided Gretchen Markley, the administrative service assistant at the Redevelopment and Housing office with copies of her updated trust to be filed with the county in 2015 when changes were made.

Please let me know your thoughts on this and what the next steps will be.

Thank you,  
  
Lana Canova  
(449) 500-0091



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF ORANGE

## HEALTH CARE AGENCY

3052021286009

**CERTIFICATE OF DEATH**

3202130022760

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT—FIRST (Given) <b>MARJORIE</b>		2. MIDDLE <b>SUE</b>		3. LAST (Family) <b>MOORE</b>	
AKA, ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy <b>09/07/1932</b>		5. AGE Yrs. <b>89</b>		6. SEX <b>F</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>OK</b>		10. SOCIAL SECURITY NUMBER <b>520-28-1044</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SROP* (at Time of Death) <b>DIVORCED</b>		7. DATE OF DEATH mm/dd/yyyy <b>11/10/2021</b>		8. HOUR (24 hour) <b>1500</b>	
13. EDUCATION—Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>					
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED <b>ADMINISTRATIVE ASSISTANT</b>			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>WHOLESALE GROCERIES</b>		19. YEARS IN OCCUPATION <b>25</b>
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>25602 WILLOW BEND</b>					
21. CITY <b>LAKE FOREST</b>		22. COUNTY/PROVINCE <b>ORANGE</b>		23. ZIP CODE <b>92630</b>	25. STATE/FOREIGN COUNTRY <b>CA</b>
26. INFORMANT'S NAME, RELATIONSHIP <b>LANA CANOVA, DAUGHTER</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>25036 EL CORTIJO LANE, MISSION VIEJO, CA 92691</b>		
28. NAME OF SURVIVING SPOUSE/SROP—FIRST <b>-</b>		29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>-</b>	
31. NAME OF FATHER/PARENT—FIRST <b>RAYMOND</b>		32. MIDDLE <b>CECIL</b>		33. LAST <b>MOORE</b>	
34. BIRTH STATE <b>AR</b>		35. NAME OF MOTHER/PARENT—FIRST <b>HAZEL</b>		36. BIRTH STATE <b>OK</b>	
37. MIDDLE <b>PEARL</b>		38. LAST (BIRTH NAME) <b>MADDOX</b>		39. BIRTH STATE <b>OK</b>	
40. PLACE OF FINAL DISPOSITION <b>LODI MEMORIAL PARK &amp; CEMETERY</b>		41. TYPE OF DISPOSITION(S) <b>BURIAL</b>			
42. SIGNATURE OF EMBALMER <b>JEREMY C LITCHFIELD</b>		43. LICENSE NUMBER <b>EMB9657</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>O'CONNOR MORTUARY</b>	
45. LICENSE NUMBER <b>FD1293</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>CLAYTON CHAU, MD, PHD</b>		47. DATE mm/dd/yyyy <b>11/19/2021</b>	
101. PLACE OF DEATH <b>SACRED HEART SENIOR CARE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EVOP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104. COUNTY <b>ORANGE</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>25602 WILLOW BEND</b>		106. CITY <b>LAKE FOREST</b>	
107. CAUSE OF DEATH Enter the chain of events—disease, injuries, or complications—that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) <b>CARDIOPULMONARY ARREST</b>					
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST (B) <b>CHRONIC HYPOXEMIC RESPIRATORY FAILURE</b>					
(C) <b>CONGESTIVE HEART FAILURE</b>					
(D) <b>SEVERE CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>					
108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MINS <b>21-06637-GZ</b>					
(B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
109. BIOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
(D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
110. AUTOPSY PERFORMED? (E) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
(F) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
111. USED IN DETERMINING CAUSE? (G) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>TOBACCO USE, ATRIAL FIBRILLATION, CORONARY ARTERY DISEASE, DEMENTIA, CHRONIC KIDNEY DISEASE STAGE 3A</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since <input type="checkbox"/> Decedent Last Seen Alive <input type="checkbox"/>		115. SIGNATURE AND TITLE OF CERTIFIER <b>TODD ARMBRUSTER, DO</b>		116. LICENSE NUMBER <b>20A10022</b>	
117. DATE mm/dd/yyyy <b>11/18/2021</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>TODD ARMBRUSTER, DO 23781 MAQUINA AVENUE, MISSION VIEJO, CA 92691</b>			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input 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 type="checkbox"/> NO <input type="checkbox"/> LINK					
121. INJURY DATE mm/dd/yyyy					
122. HOUR (24 hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER				127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					

STATE REGISTRAR A B C D E FAX AUTH.# CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS

\* 0 0 4 8 7 1 7 7 3 \*

STATE OF CALIFORNIA }  
COUNTY OF ORANGE } SS

DATE ISSUED **November 29, 2021**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

*Clayton Chau MD, PhD*

CLAYTON CHAU, MD, PHD  
HEALTH OFFICER  
ORANGE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





# Financial Durable Power of Attorney

## **What is a Financial Durable Power of Attorney?**

If you are incapacitated, this document gives another person full legal authority to sign your name on your behalf and manage your finances for all assets not owned by your Trust. (Your Revocable Living Trust gives your Successor Trustee Financial Powers of Attorney for assets owned by the Trust.)

## **Why a Financial Durable Power of Attorney?**

For tax reasons you should own certain assets outside your Revocable Living Trust; e.g., IRA's, annuities, pension plans. Since they are not owned by your Trust, your Successor Trustee has no authority to deal with them. The Financial Durable Power of Attorney names an Attorney-in-Fact to make decisions regarding such assets.

## **Signing This Document**

In order for your Financial Durable Power of Attorney to be a binding, legal document, you must sign and date it in the presence of a notary public and witnesses.

**FINANCIAL DURABLE POWER OF ATTORNEY  
FOR ASSET MANAGEMENT  
of  
MARJORIE SUE MOORE**

KNOW ALL MEN BY THESE PRESENTS that I, MARJORIE SUE MOORE, herein create a Financial Durable Power of Attorney for Asset Management by appointing LANA LUCRETIA CANOVA to be my true and lawful Attorney-in-Fact with full power to act in my name and stead and on my behalf respecting any of the purposes described below and under the terms and conditions provided herein. If LANA LUCRETIA CANOVA is not living, incapacitated or unwilling to serve as my Attorney-in-Fact, I hereby appoint GINNY SMITH to serve as my Attorney-in-Fact. If GINNY SMITH is not living, incapacitated or unwilling to serve as my Attorney-in-Fact, I hereby appoint IONIE LUGG to serve as my Attorney-in-Fact.

**I. NOT AFFECTED BY MY DISABILITY OR INCAPACITY:** This Power of Attorney shall not be affected or terminated by my subsequent disability or incapacity.

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465). THE POWERS LISTED IN THIS DOCUMENT DO NOT INCLUDE ALL POWERS THAT ARE AVAILABLE UNDER THE PROBATE CODE. ADDITIONAL POWERS AVAILABLE UNDER THE PROBATE CODE MAY BE ADDED BY SPECIFICALLY LISTING THEM UNDER THE SPECIAL INSTRUCTIONS SECTION OF THIS DOCUMENT. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

**II. POWERS AND AUTHORITIES:** I give to my Attorney-in-Fact full power to act in the management and disposition of all my personal estate, affairs and property with such authority and power as I myself might exercise if personally present. Specifically, but without limiting any general powers authorized herein, my Attorney-in-Fact shall have power and authority as follows:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS. TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING. TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL

- \_\_\_\_\_ (A) Real property transactions.
- \_\_\_\_\_ (B) Tangible personal property transactions.
- \_\_\_\_\_ (C) Stock and bond transactions.
- \_\_\_\_\_ (D) Commodity and options transactions.
- \_\_\_\_\_ (E) Banking and other financial institution transactions.
- \_\_\_\_\_ (F) Business operating transactions.
- \_\_\_\_\_ (G) Insurance and annuity transactions.

- (H) Estate, trust and other beneficiary transactions.
- (I) Claims and litigation.
- (J) Personal and family maintenance.
- (K) Benefits from social security, medicare, medicaid, or other governmental programs, or civil or military service.
- (L) Retirement plan transactions.
- (M) Tax matters.
- (N) ALL OF THE POWERS LISTED ABOVE. YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

MSM

**SPECIAL INSTRUCTIONS:** On the following lines you may give special instructions limiting or extending the powers granted to your Agent:

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UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This Power of attorney will continue to be effective even though I become incapacitated.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

**III. MISCELLANEOUS PROVISIONS:** I herein instruct my Attorney-in-Fact to cooperate fully with any person holding my HEALTH CARE DURABLE POWER OF ATTORNEY and the CONSERVATOR named in my Revocable Living Trust.

A. It is my intention that my property, including any property acquired in the future, be administered under the terms of my Revocable Living Trust. I therefore direct my Attorney-in-Fact, insofar as it is possible, to transfer any asset which is not part of that Trust, except qualified retirement plans, annuities and other assets with named beneficiaries to the Trustee(s) of my Revocable Living Trust, namely MARJORIE SUE MOORE SEPARATE PROPERTY TRUST dated August 23, 2000 (Date Trust Notarized), and any amendments thereto, to be held and administered as part of that Trust.

B. It is my intention that said Revocable Living Trust be named as the contingent beneficiary for all assets that provide for named beneficiaries.

C. If it is not possible for an asset of mine to be transferred to the said Trust, I direct my Attorney-in-Fact, insofar as it is possible, to follow the terms and conditions of that Trust as directions from me as to how I would wish my affairs administered.

D. Any person, organization or institution dealing with my Attorney-in-Fact may rely fully on this document, including, without limitation, any additional documents relating to his or her authority to act on my behalf and in my stead. Any person, organization or institution relying on this Power of Attorney shall not incur any liability to me or my estate as a result of permitting my Attorney-in-Fact to exercise this power. No person, organization or institution dealing with my Attorney-in-Fact shall be responsible for the application of any money or anything of value paid to them or for the carrying out of the provisions of this Power of Attorney.

E. My Attorney-in-Fact is hereby authorized to institute and prosecute any civil action or proceeding against any person who fails or refuses to honor the Attorney-in-Fact's instructions.

F. This Power of Attorney shall be binding on me and my heirs, executors and administrators and shall remain in force up to the time my Attorney-in-Fact receives a written revocation executed by me. The authority as outlined in this Power of Attorney shall not be affected by the passage of time.

G. My Attorney-in-Fact shall be indemnified from any and all liability to me or my estate as they fulfill their duties and obligations as outlined under this Power of Attorney, except for damages arising from his or her own misconduct or negligence.

H. I hereby authorize that photocopies of this Power of Attorney may be relied upon by my Attorney-in-Fact and others as though they were originals.

I. If any provision of this instrument shall be unenforceable, the remaining provisions shall nevertheless be carried into effect.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

I herewith revoke any prior Financial Durable Power of Attorney for Asset Management.

## WARNING TO PERSON EXECUTING THIS DOCUMENT

THIS DURABLE POWER OF ATTORNEY (POA) IS EASILY EXECUTED AND HAS NO SAFEGUARDS OTHER THAN THE PRINCIPAL WISELY CHOOSING THE INDIVIDUAL TO BE NAMED AS THE ATTORNEY-IN-FACT. THIS POWER OF ATTORNEY EMPOWERS YOUR ATTORNEY-IN-FACT TO ACT FOR AND IN YOUR BEHALF IN ALL RESPECTS RELATIVE TO YOUR ASSETS AND FINANCIAL AFFAIRS. THEREFORE YOU SHOULD CONSIDER THE FOLLOWING SAFEGUARDS:

1. INSTRUCT YOUR AGENT TO USE THE POA ONLY WHEN INCAPACITY OCCURS.
2. REVOKE THE POA IF THE ATTORNEY-IN-FACT ATTEMPTS TO USE IT WITHOUT YOUR CONCURRENCE PRIOR TO DISABILITY.
3. RETAIN POSSESSION OF THE POA AND TELL THE ATTORNEY-IN-FACT HOW TO FIND THE POA WHEN CIRCUMSTANCES DICTATE THAT IT IS TO BE USED.
4. CONSIDER GIVING THE POA TO A TRUSTED THIRD PARTY (NOT TO THE ATTORNEY-IN-FACT) ALONG WITH WRITTEN INSTRUCTIONS TO DELIVER THE POA TO THE DESIGNATED ATTORNEY-IN-FACT UPON THE OCCURRENCE OF A SPECIFIC EVENT, SUCH AS THE RECEIPT OF A REQUEST BY THE ATTORNEY-IN-FACT ACCOMPANIED BY TWO PHYSICIAN LETTERS CERTIFYING YOUR INCAPACITY.
5. REVOKE THIS POA AND COMPLETE A NEW POA IF ANY ABUSE OF THE POA EVER OCCURS.
6. SOME THIRD PARTIES MAY BE RELUCTANT TO HONOR THE POA. SUCH AS BANKS AND OTHER FINANCIAL INSTITUTIONS WHO NORMALLY REQUIRE THE USE OF THEIR OWN FORMS, SO TAKE THE COMPLETED POA TO YOUR BANK, BROKERAGE FIRM ETC TO DETERMINE IF THEY WILL ACCEPT THE POA OR REQUIRE EXECUTION OF THEIR OWN INTERNAL FORMS.

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

EXECUTED at Orange County, California on

Aug 6, 2015.

Marjorie Sue Moore  
MARJORIE SUE MOORE

SSN# \_\_\_\_\_

**CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC**

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 Orange )

On August 6, 2015, before me, Toni Ann Wood, Notary Public  
(Insert name and title of the officer)

personally appeared MARJORIE SUE MOORE, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person 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.

Toni Ann Wood (SEAL)  
Notary's Signature







**MARY A. ZEEB**

TREASURER-TAX COLLECTOR

PO Box 891, Salinas, CA 93902-0891 (831)755-5057 Salinas (831)647-7857 Monterey (831)385-8357 King City  
www.co.monterey.ca.us/taxcollector

**County of Monterey**

PROPERTY INFORMATION				IMPORTANT MESSAGES	
ASSESSMENT #	173-131-014-000	TAX RATE AREA	139-004	Original bill date 09/21/2021	
FEE NUMBER	173-131-014-000	ACRES:	0.00		
LOCATION	114 CIRCULO DE CASITAS				
ASSESSED OWNER	MOORE MARJORIE SUE TR			Fiscal Year beginning July 1, 2021 and ending June 30, 2022 <h1>2021-2022</h1> Pay Taxes by Credit Card or E-Check 1-800-491-8003 or www.co.monterey.ca.us/taxcollector 	
*****AUTO**ALL FOR AADC 926 AA 62801-1/1-P222 T187					
MOORE MARJORIE SUE TR 25036 EL CORTIJO LN MISSION VIEJO CA 92691-5236					


COUNTY VALUES, EXEMPTIONS AND TAXES						
PHONE NUMBERS	VALUE DESCRIPTION	ASSESSED VALUES	X	TAX RATE/100	=	COUNTY TAXES
VALUATIONS (831) 755-5035	LAND	153,122				
TAX RATES (831) 755-5040						
EXEMPTIONS (831) 755-5035						
PAYMENTS (831) 755-5057	STRUCTURAL IMPROVEMENTS	228,903				
PERS PROP (831) 755-5035						
ADDR CHGS (831) 755-5035						
GENERAL INQ (831) 755-5057						
<b>NET TAXABLE VALUE</b>		<b>380,025</b>	<b>X</b>	<b>1.000000</b>	<b>=</b>	<b>\$3,800.26</b>

VOTER APPROVED TAXES, TAXING AGENCY DIRECT CHARGES AND SPECIAL ASSESSMENTS							
PHONE NUMBERS	TAX CODE	DESCRIPTION	ASSESSED VALUES	X	TAX RATE/100	=	AGENCY TAXES
(831) 484-2166	09900	Washington Union 2015 & 2017 Ref	380,025		0.028029		98.92
(831) 796-7030	11700	Salinas Union High 2014 AB 2017 Ref	380,025		0.044750		170.06
(831) 755-8700	12000	Hartnell 14 Ref A 15 Ref AB 16 AB	380,025		0.021688		82.42
(800) 273-5187	83050	No Salinas Valley Mosquito Abatement Dist					8.68
		DIRECT CHARGE					

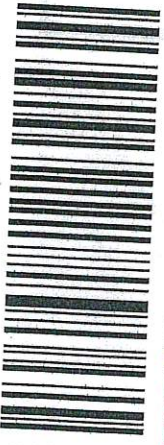
The Treasurer-Tax Collector office will be closed to the public December 24, 2021 through January 1, 2022. We will reopen Monday, January 3, 2022 at 8:00 am. Please contact our office for available payment options during the closure.

**TOTAL AGENCY TAXES AND DIRECT CHARGES \$360.08**

<b>1ST INSTALLMENT</b>	<b>\$2,080.17</b>	<b>2ND INSTALLMENT</b>	<b>\$2,080.17</b>	<b>TOTAL TAXES</b>	<b>\$4,160.34</b>
DUE BY 11/01/2021		DUE BY 02/01/2022			
DELINQUENT AFTER 12/10/2021		DELINQUENT AFTER 4/10/2022			

  
Lana L. Canova  
25036 El Cortijo Ln.  
Mission Viejo, CA 92691

**CERTIFIED MAIL**



7021 1970 0000 1106 8528

**RECEIVED**  
MONTEREY COUNTY  
HOUSING & COMMUNITY  
DEVELOPMENT DEPARTMENT

**FEB 28 2022**

**RETURN TO SENDER**

HOUSING PROGRAM MANAGER  
4441 SCHELLING PLACE, SOUTH ZUBER  
SALINAS, CA 93901



1000



93901

U.S. POSTAGE PAID  
FORM 1000  
NEWPORT BEACH, CA  
FEB 24, 22

**\$8.16**

R2304E107180-08

390134543 0021 3