



**CITY OF RIALTO  
LIABILITY  
AMENDED  
CLAIM FOR DAMAGES  
TO PERSON OR PROPERTY**

CITY CLERK'S DATE STAMP  
CITY OF RIALTO  
2024 MAR 18 PM 12:00  
RECEIVED  
CITY CLERK

1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Gov. Code §911.2).
2. Claims for damages to real property must be filed not later than one (1) year after the occurrence (Gov. Code §911.2).
3. READ ENTIRE CLAIM FOR BEFORE FILING
4. ATTACH SEPARATE SHEETS, IF NECESSARY, TO GIVE FULL DETAILS

**RETURN TO:**  
**Rialto City Clerk's Office**  
Mail: 150 S. Palm Ave., Rialto, CA 92376  
Address: 290 W. Rialto Ave., Rialto, CA 92376

<b>CLAIMANT INFORMATION:</b>	
Stephanie Cane & Victoria Quesenberry	_____
FULL NAME	DATE OF BIRTH
<b>CERTIFIED OR OVERNIGHT MAIL ONLY</b>	
HOME ADDRESS INCLUDING CITY, STATE & ZIP	HOME TELEPHONE NO.
P.O. Box 1562, Rialto, CA 92377	( 951 ) 456-7413
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP	BUSINESS TELEPHONE NO.
ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM (if different from home address provided above):	<b>PLEASE MAIL TO BELOW:</b> P.O. Box 1562, Rialto, CA 92377

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 09/05/2023 TIME: approx. am.  AM  PM

2. PLACE OF ACCIDENT (OCCURRENCE) BE SPECIFIC – Describe fully and (if applicable) locate on diagram on reverse side of this sheet. Where appropriate, give street names and addresses, measurements and landmarks. **1173 S. Cactus Ave. # 3, Rialto, CA 92376**

The City of Rialto is vicariously liable of its authorized employee's conversion of personal property. The City is liable for proprietary functions, i.e., act like a private business on their own behalf. Corruption, actual fraud of Managers Vince Marfe, Joe Avila, Jr., Mary Lou Avila Mary Gozdeck's. They have shown an abuse of power and violation of privacy. The authorized managers had a fiduciary duty.

3. HOW DID DAMAGE OR INJURY OCCUR?

22 Fraudulent Deeds of Trust forged upon the Apartment. As well as assignment to anticipation of a non judicial foreclosure behind our back. This was done by the City's authorized managers and Third Parties hired by the City's authorized managers, i.e. Specialized Loan Servicing. Tax Code Violations from 2003 to present. Requested a Payoff Statement but were mailed fraud Modification agreements

4. WERE POLICE AT THE SCENE?  YES  NO WERE PARAMEDICS AT THE SCENE?  YES  NO

5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMAGES? Give the name of the city/town employee causing the injury or damage, if known. See: March 6, 2023, Meeting of the planning commission: Paul Gonzales

email [41 lots] : The city's exposure: Acquired the abatement of property and concealed it then held it for Joe Avila in Apartment 35 and Vince Marfe in Apt 34  
Violation of the Map Act, and Tax Fraud. Wire Fraud. Mail Fraud, invasion of privacy, Bribery by corruption. Vince Marfe wrote checks from the purported association fees in large amounts to himself. Conversion, Corruption and Actual Fraud. authorized managers of the city [Vince Marfe],[ Mary Gozdeckt,] [Joe Avila] ,[MaryLou Avila,] Supervisor [Cory Clark].

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 490,474.85 and counting....

HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. **Please attach 2 estimates.**

**DAMAGES INCURRED TO DATE:**

Item/Date: <u>[March 14, 2024]</u>	Amount: \$ <u>\$ 492,474.85]</u>
Item/Date: _____	Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 492,474.85

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: March 14, 2024

Amount: \$ 492,474.85

Item/Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ \_\_\_\_\_

7. WITNESSES TO DAMAGE OR INJURY List all persons known to have information (attach additional pages, if necessary)

NAME: This claim is also, made to prevent a multiplicity lawsuit. NAME: The development consist of 41 units and

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED:

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  AM  PM

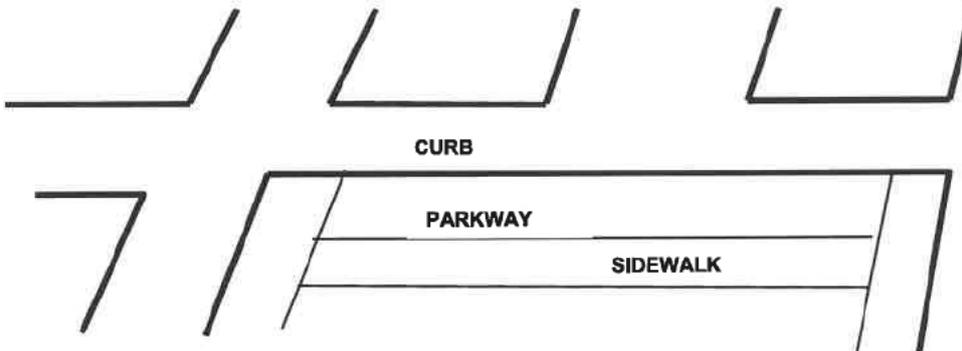
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  AM  PM

9. PLEASE READ THE FOLLOWING CAREFULLY:

For all vehicle accident claims, place on the following diagram, the names of streets, including NORTH, EAST, SOUTH AND WEST directions. Indicate place of accident by "X" and by showing house numbers or distances to street corners.

If a city/town vehicle was involved, designate by letter "A" location of the City/Town vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City/Town vehicle; location of City/Town vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X".

⇒ NOTE: IF THE DIAGRAM BELOW DOES NOT FIT THE SITUATION, PLEASE ATTACH A PROPER DIAGRAM SIGNED BY THE CLAIMANT.



2024 MAR 18 PM 12:00
RECEIVED
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CITY OF RIALTO

I HAVE READ THE FOREGOING CLAIM AND KNOW THE CONTENTS THEREOF; AND CERTIFY THAT THE SAME IS TRUE OF MY OWN KNOWLEDGE EXCEPT AS TO THOSE MATTERS WHICH ARE HEREIN STATED UPON MY INFORMATION AND BELIEF; AND AS TO THOSE MATTERS I BELIEVE THEM TO BE TRUE.
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.
SIGNATURE OF CLAIMANT OR AGENT: Stephanie Cone & Victoria Quesenberry
TYPE OR PRINT NAME: We are the Claimants
RELATIONSHIP TO CLAIMANT:
NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA PENAL CODE 72)
RETURN CLAIM TO: RIALTO CITY CLERK'S OFFICE - 150 S. PALM AVE., RIALTO, CA 92376