

TULARE LOCAL HEALTHCARE DISTRICT

**RESOLUTION 910 DECLARING CERTAIN MEDICAL AND NON-MEDICAL
EQUIPMENT AND SUPPLIES AS SURPLUS PROPERTY
OF THE DISTRICT AND AUTHORIZING ITS SALE
PURSUANT TO CALIFORNIA HEALTH AND SAFETY CODE § 32121.2**

RESOLVED, by the Board of Directors (“Board”) of the Tulare Local Healthcare District (“District”) as follows:

WHEREAS, the District holds and owns certain medical and non-medical equipment and supplies (collectively, the “Property”) previously used in conjunction with the Tulare Regional Medical Center (“TRMC”);

WHEREAS, Adventist Health has leased the hospital previously operated by the District as TRMC and, pursuant to a change of hospital ownership, now operates the hospital as Adventist Health Tulare;

WHEREAS, the District has no ongoing use for the Property, which is set forth and more particularly identified on the Exhibit “A” attached hereto and incorporated herein by reference.

NOW, THEREFORE, BE IT RESOLVED the Board hereby finds, determines, does and orders the following:

RESOLVED, the Recitals set forth above are true and correct and are incorporated into this Resolution by this reference;

RESOLVED, that the Property is, pursuant to California Health and Safety Code § 32121.2, surplus property not needed in the course of the operations of the Tulare Local Healthcare District, including the operation of the Tulare Regional Medical Center; and

NOW, THEREFORE, IT IS ORDERED that the Chief Executive Officer is authorized, directed and shall dispose of the surplus property through a fair market value sale or otherwise in accordance with the requirements of California Health and Safety Code § 32121.2.

THE FOREGOING RESOLUTION WAS ADOPTED upon motion of Director _____
and seconded by Director _____ at a meeting held on May 25, 2022, by the following
vote:

AYES: _____ By: _____

NOES: _____ By: _____

ABSTAIN: _____ By: _____

ABSENT: _____ By: _____

President, Board of Directors
Tulare Local Healthcare District

IN WITNESS WHEREOF, I have hereto set my name as Secretary of the District, this 25th day
of May, 2022.

Secretary, Board of Directors
Tulare Local Healthcare District

DRAFT

EXHIBIT "A"



Property



NOTICE OF PENDING LIEN SALE FOR VEHICLE VALUED \$4000 OR LESS
(Civil Code §3072)

LIEN SALE UNIT
P.O. BOX 932317
SACRAMENTO, CA 94232-3170

TO WHOM IT MAY CONCERN:

This is to notify you that I intend to sell this vehicle at a Lien Sale (public sale) because my towing, storage, or repair bill has not been paid. You may wish to take one of the following actions:
1. Pay my bill and reclaim the vehicle before the sale date.
2. Stop the sale and dispute the lien in court. You may stop the sale by completing the Declaration of Opposition below and forwarding this notice to the DMV in the enclosed envelope within 10 days of the date this notice was mailed.
3. Disregard this notice if you no longer own or want this vehicle so I can proceed with the sale. However, if you are the last owner of record, you may be liable for removal and disposition costs and lien not satisfied by sale of the vehicle.

VEHICLE DESCRIPTION	LICENSE NUMBER: 1373677 STATE REGISTERED: CA LICENSE EXPIRATION DATE: 12/31/2099 MAKE: FORD YEAR: 1988 MODEL: F350 BODY TYPE: V/A VEHICLE IDENTIFICATION NUMBER (VIN): 2FDKF37H0JCB38342 ENGINE NUMBER (MOTORCYCLES ONLY): DATE VEHICLE CAME INTO MY POSSESSION: 04/25/2022 DATE OWNER CALLED SERVICES/STORAGE: DATE WORK OR SERVICES COMPLETED:	VEHICLE IDENTIFICATION NUMBER (VIN): ENGINE NUMBER (MOTORCYCLES ONLY): MY TOWING AND STORAGE WAS AUTHORIZED BY A PUBLIC AGENCY: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No MY TOWING AND STORAGE WAS AUTHORIZED BY A PUBLIC AGENCY:
INFORMATION ABOUT MY LIEN	The amount and basis for my lien and outstanding parking violation bail is: STORAGE TO DATE: \$ 900.00 AT THE RATE OF: \$ 50.00 PER DAY TOWING: \$ 200.00 REPAIRS: \$ PARKING VIOLATIONS (CVC 22851.3) COST TO CONDUCT LIEN SALE: \$ 70.00 DATE OF SALE: 06/13/2022 HOUR OF SALE: 09:00 am pm CITY: TULARE STATE: CA ZIP CODE: 93274	DATE OF SALE: 06/13/2022 HOUR OF SALE: 09:00 am pm CITY: TULARE STATE: CA ZIP CODE: 93274
INFORMATION ABOUT THE SALE	DATE: 05/12/2022 SIGNATURE OF LIENHOLDER AGENT ACTING FOR LIENHOLDER: <i>X MICHAEL OF DOUBLE D TOWING</i> BUREAU OF AUTHORITY NUMBER: LIENHOLDER (NAME): DOUBLE D TOWING TELEPHONE NUMBER: (559) 687-2275 CITY: TULARE STATE: CA ZIP CODE: 93274 ADDRESS: P.O. BOX 14 TELEPHONE NUMBER: CITY: () STATE: () ZIP CODE: ()	BUREAU OF AUTHORITY NUMBER: TELEPHONE NUMBER: CITY: TULARE STATE: CA ZIP CODE: 93274 TELEPHONE NUMBER: CITY: () STATE: () ZIP CODE: ()
CERTIFICATION	I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct and I have no information or belief that there is a valid defense to the claim which gives rise to the lien. I further certify (or declare) under penalty of perjury that the lien sale was conducted in accordance with the requirements of California Military and Veterans Code §§407, 408, 409-1, and 409-3, and with the requirements of §§3952, 3953, and 3958 of Title 50 of the United States Code.	
DECLARATION OF OPPOSITION (Must be sent to DMV within 10 days of date notice of sale mailed)	TO: DEPARTMENT OF MOTOR VEHICLES Please stop the lien sale of this vehicle because I wish to contest the claim of the lienholder. I understand the lienholder may file an action in court and if judgment is given in his/her favor, I may be liable for the court costs. The address at which I may be served or notified in person of any court action is: PRINT THE FULL NAME: _____ TELEPHONE NUMBER: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____ I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. DATE: _____ SIGNATURE: X	
ATTENTION:	This Declaration of Opposition will not be valid unless you have signed, provided your true full name, and a valid address. If the lienholder is unable to serve you with a court action, he/she will be allowed to continue with the lien sale (Civil Code 3072).	

NOTE TO THE LIENHOLDER:

This notice is to be sent to the registered owner, legal owner, Department of Motor Vehicles, and any other person interested in this vehicle, 31 to 41 days before the date of sale (do not count day notice mailed). Send notice certified mail, return receipt requested, or U.S. Postal Service Certificate of Mailing.

EXCEPTION: Notice to the department must be sent by certified mail, return receipt requested.

At least 10 days before the sale, a copy of this notice shall be posted in a conspicuous place on the premises of the business office of the lienholder, and if the sale occurs at a place other than the business office, a notice must be posted at the site of the forthcoming sale.

REGISTERED OWNER

TULARE LOCAL HEALTH CARE DISTRICT
869 N CHERRY ST
TULARE CA 93274

LEGAL OWNER

Department of Motor Vehicles
Lien Sales Unit
P. O. Box 932317
Sacramento, CA 94232-3170

INTERESTED PARTIES