

LEGAL AFFAIRS DIVISION
LEGAL OFFICE C128
DEPARTMENT OF MOTOR VEHICLES
2415 FIRST AVENUE
P.O. BOX 932382
SACRAMENTO, CA 94232-3820
(916) 657-6469



November 24, 2015

VIA U.S. MAIL

Paul Stuart
6121 El Toro Court
San Jose, CA 95123

Re: Public Records Act Request
PRA-15-243

Dear Mr. Stuart

The California Department of Motor Vehicles acknowledges receipt of your letter dated November 10, 2015, and received on November 17, 2015, requesting the following information pursuant to the California Public Records Act (Government Code section 6250 et seq.).

*"I ask to obtain a copy of the following, which I understand to be held by your agency:
The Title of the vehicle owned by Robert Bruce Stone in April (or thereabouts) of 1995
and all Titles subsequent to his death in April of 1995 of said vehicle or the disposition of
that vehicle.*

The Department has searched our records in regards to the above request. DMV has not found any records responsive to the above request.

We will be closing our file in this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Rosemarie Benitez Ruggieri'.

ROSEMARIE BENITEZ RUGGIERI
Senior Staff Counsel / Attorney III

243 AUG 27 2015 8 1

DEPARTMENT OF MOTOR VEHICLES

P.O. BOX 944247 MAIL STATION G199
SACRAMENTO, CA 94244-2470



Date: 8/26/2015

Paul Stuart

6121 El Toro Ct.

San Jose, CA 95123

NOTICE OF INCOMPLETE OR INVALID INFORMATION REQUEST

Return All Enclosures When Re-Submitting Request

1. ☐ Your request must be submitted on the appropriate form. Resubmit on the enclosed, INF _____.
2. ☐ DL/ID and VR information must be requested on separate forms. Resubmit on the enclosed, INF _____.
3. ☐ Request form must be submitted intact to process and all pages must be returned together. Resubmit on the enclosed, INF _____.
4. ☐ To obtain a driver license record, two points of identification are required. Subject's full name **and** date of birth **or** full name **and** driver license number.
5. ☒ Request has insufficient information. Please complete where highlighted.
6. ☐ To receive a copy of the release of liability, you must request a Photo Copy and provide year(s). Please submit \$20.00 for each year requested.
7. ☐ Residence address information is confidential per California Vehicle Code Section 1808.21 and will only be released when the requester is authorized by a state or federal statute. A printout without residence address has been provided.
8. ☐ Out-of-state lien sales must cite their state statute by code name and section number **AND** attach a copy of the statute to their request.
9. ☐ Payment was either not submitted or is insufficient. Please remit a total of \$ _____.
10. ☐ Further inquiry will require another request form and the appropriate fees submitted.
11. ☐ Fees submitted are subject to a partial refund. A refund in the amount of \$ _____ will be mailed in six to eight weeks.
12. ☐ There are several vehicle registrations for persons with the same name as in your request. If you can identify a specific owner, we will provide vehicle information at \$5.00 per vehicle. A separate INF 70R form must be completed for each vehicle.
13. ☐ Based on search criteria provided, we are unable to obtain a matching response. Fees submitted were used since a search of our records was made.
14. ☐ The information you requested is out of the department's retention period (too old).
15. ☐ The item you requested is not available at this time; please resubmit your request in 60 days.

Additional Comments:

In section C1: provide the license plate or vin number to request the current, ownership history, and owner as of date record.

In section C2: to request the all vehicles/vessels record provide only one name and address

*We do not accept any attachments (provide your purpose of request in section D).

Information Services Branch

California Relay Telephone Service for the deaf or hearing impaired from TDD Phones: 1-800-735-2929; from Voice Phones: 1-800-735-2922

REQUEST FOR RECORD INFORMATION

PART I: Record Request

APPLICABLE FEE MUST ACCOMPANY REQUEST

☐ Certify the record as a true copy of record on file with Department of Motor Vehicles - No Charge

TYPE OF INFORMATION REQUESTED (CHECK ONLY ONE BOX PER REQUEST)

☐ Driver License/Identification Card (DO NOT COMPLETE SECTION C)

☒ Vehicle/Vessel (DO NOT COMPLETE SECTION B)

SECTION A – Requester's Information – ALL INFORMATION REQUIRED

REQUESTER'S NAME (FIRST, MI, LAST)

Paul Stuart

DAYTIME TELEPHONE NUMBER

(408) 429-3547

ADDRESS

6121 El Toro Ct.

CITY

San Jose

STATE

CA

ZIP CODE

95123

SECTION B – DL/ID Record Request ONLY – NAME AND DL/ID # OR NAME AND DATE OF BIRTH REQUIRED

INDIVIDUAL NAME (FIRST, MI, LAST)

AND

DRIVER LICENSE/IDENTIFICATION CARD NUMBER

OR

DATE OF BIRTH (MM/DD/YYYY)

Automated record (computer printout) - FEE: \$5 Per Record

☐ Current Record

☐ Other (Explain)

Photocopy of hardcopy and/or microfilm documents - FEE: \$20 Per Copy

☐ DL/ID Photo

☐ DL/ID Application (Guarantor's Signature Search)

☐ Other (Explain)

SECTION C – VR/VESSEL Record Request ONLY – COMPLETE LINE ☒ C1 OR ☐ C2

CA LICENSE PLATE/CF NUMBER

OR

VEHICLE/HULL IDENTIFICATION NUMBER

MAKE (Optional)

YEAR MODEL (Optional)

☒ C1

Automated record (computer printout) - FEE: \$5 Per Record

☒ Current Record

☒ Owner as of date

04 / 01 /1996

☒ Ownership History

☒ Other (Explain): title change after Robert Stone

Photocopy of hardcopy and/or microfilm documents - FEE: \$20 Per Copy

☐ Photocopies on file for: ____/____/____ (indicate years)

☐ Release of Liability (REG 138) ____ (indicate year submitted)

☐ Other (Explain)

INDIVIDUAL/BUSINESS NAME

☒ C2 Robert Bruce Stone SSN 567-62-2364 DOB 10/08/1943

ADDRESS

630 E. Tujunga Ave #1

CITY

Burbank (Los Angeles)

STATE

CA

ZIP CODE

91501

Automated record (computer printout) - FEE: \$5 Per Record

☒ All vehicles/vessels registered to individual/business listed in ☒ C2 above (single record or list of 8 or less.)

SECTION D – Purpose of Request – See Instructions – Permissible Uses of DMV Record Information

Historical record. Please see attached letter.

SECTION E – Requester's Certification Statement, Signature and DL/ID Number

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. The information received will not be used for any unlawful purpose. I understand that if I provide false information, I may be subject to prosecution for false representation (California Vehicle Code Section 1808.45.) This is a misdemeanor punishable by a maximum fine of five thousand (\$5,000) or a maximum imprisonment of one year in the county jail or both.

EXECUTED AT CITY

San Jose

COUNTY

Santa Clara

STATE

CA

ZIP CODE

95123

ON (DATE)

07/20/2015

SIGNATURE

X *Paul Stuart*

REQUESTER'S DL/ID NUMBER

MO551845

DMV USE ONLY

Check/MO# _____ Total \$ _____ ☐ DL/ID ☐ C.R. ☐ Photo ☐ App I ☐ VR ☐ C.R. ☐ As Of ☐ 138 ☐ History ☐ ANI

☐ Refund ☐ Other _____ Cashier ID/Date _____

SECTION F – Requester's Mailing Label – DO NOT DETACH

NAME

Paul Stuart

ADDRESS

6121 El Toro Ct.

CITY

San Jose

STATE

CA

ZIP CODE

95123

MAIL BOTH PAGES TO:
Department of Motor Vehicles
Public Operations — G199
P.O. Box 944247
Sacramento, CA 94244-2470

REQUEST FOR RECORD INFORMATION
PART II: Notice to Record Subject
SEE BELOW

☐ Certify the record as a true copy of record on file with Department of Motor Vehicles - No Charge

TYPE OF INFORMATION REQUESTED (CHECK ONLY ONE BOX PER REQUEST)

- ☐ Driver License/Identification Card (**DO NOT COMPLETE SECTION C**)
☐ Vehicle/Vessel (**DO NOT COMPLETE SECTION B**)

SECTION A – Requester's Information – ALL INFORMATION REQUIRED

REQUESTER'S NAME (FIRST, MI, LAST)

Paul Stuart

SECTION B – DL/ID Record Request ONLY – NAME AND DL/ID # OR NAME AND DATE OF BIRTH REQUIRED

INDIVIDUAL NAME (FIRST, MI, LAST)

AND

DRIVER LICENSE/IDENTIFICATION CARD NUMBER

OR

DATE OF BIRTH (MM/DD/YYYY)

Automated record (computer printout) - FEE: \$5 Per Record

- ☐ Current Record
☐ Other (**Explain**)

Photocopy of hardcopy and/or microfilm documents - FEE: \$20 Per Copy

- ☐ DL/ID Photo ☐ DL/ID Application (Guarantor's Signature Search)
☐ Other (**Explain**)

SECTION C – VR/VESSEL Record Request ONLY – COMPLETE LINE ☒ C1 OR ☐ C2

CA LICENSE PLATE/CF NUMBER

OR

VEHICLE/HULL IDENTIFICATION NUMBER

MAKE (Optional)

YEAR MODEL (Optional)

☒ C1

Automated record (computer printout) - FEE: \$5 Per Record

- ☒ Current Record ☒ Owner as of date 04 / 01 / 1996
☒ Ownership History
☒ Other (**Explain**) title change after Robert Stone

Photocopy of hardcopy and/or microfilm documents - FEE: \$20 Per Copy

- ☐ Photocopies on file for: ____/____/____ (indicate years)
☐ Release of Liability (REG 138) ____ (indicate year submitted)
☐ Other (**Explain**)

INDIVIDUAL/BUSINESS NAME

☒ C2 Robert Bruce Stone SSN 567-62-2364 DOB 10/08/1943

ADDRESS

CITY

STATE

ZIP CODE

630 E. Tujunga Ave #1

Burbank (Los Angeles)

CA

91501

Automated record (computer printout) - FEE: \$5 Per Record

- ☒ All vehicles/vessels registered to individual/business listed in ☒ C2 above (single record or list of 8 or less.)

SECTION D – Purpose of Request – See Instructions – Permissible Uses of DMV Record Information

Historical record. Please see attached letter.

NOTICE TO RECORD SUBJECT

Based on information provided in Section B or Section C, the Requester identified in Section A has requested information from DMV records. The DMV has determined that the purpose for requesting the information (Section D) to be in compliance with the California Vehicle Code §1808, the Information Practices Act of 1977 (Civil Code §1798 et seq.), the Public Records Act (Government Code §6250 et seq.) and the federal Driver's Privacy Protection Act (Title 18 United States Code §2721-2725.)

(DMV USE ONLY) – Confidential residence address information ☐ was ☐ was not provided in accordance with law.

RECORD SUBJECT'S MAILING LABEL – DO NOT DETACH - DMV Use Only

NAME

ADDRESS

CITY

STATE

ZIP CODE

MAIL BOTH PAGES TO:
Department of Motor Vehicles
Public Operations — G199
P.O. Box 944247
Sacramento, CA 94244-2470

CERTIFICATION OF VITAL RECORD

COUNTY OF INYO RECORDER-REGISTRAR INDEPENDENCE, CALIFORNIA

CERTIFICATE OF DEATH

3-1995-14-000121

STATE FILE NUMBER		STATE OF CALIFORNIA USE PLACE FOR ONLY/NO ENDORSEMENTS, NOTATIONS OR ALTERATIONS VS-11 REV. 7/93		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST SURNAME JOHN		2. MIDDLE -		3. LAST NAME DOE #1	
4. DATE OF BIRTH MM/DD/CCYY UNKNOWN		5. AGE YRS. UNK.		6. SEX MALE	
7. DATE OF DEATH MM/DD/CCYY FOUND 09/04/1995		8. HOUR 1000			
9. STATE OF BIRTH UNKNOWN		10. SOCIAL SECURITY NO. UNKNOWN		11. MILITARY SERVICE UNKNOWN	
12. MARITAL STATUS UNKNOWN		13. EDUCATION—YEARS COMPLETED UNKNOWN			
14. RACE UNKNOWN		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input type="checkbox"/> NO		16. USUAL EMPLOYER UNKNOWN	
17. OCCUPATION UNKNOWN		18. END OF BUSINESS UNKNOWN		19. YEARS IN OCCUPATION UNKNOWN	
20. RESIDENCE—STREET AND NUMBER OR LOCATION UNKNOWN					
21. CITY UNKNOWN		22. COUNTY UNKNOWN		23. ZIP CODE UNKNOWN	
24. YES IN COUNTY UNKNOWN		25. STATE OR FOREIGN COUNTRY UNKNOWN			
26. NAME, RELATIONSHIP INYO COUNTY CORONER'S OFFICE					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) P.O. BOX 1175, BISHOP, CALIFORNIA, 93515					
28. NAME OF SURVIVOR SPOUSE—FIRST UNKNOWN		29. MIDDLE UNKNOWN		30. LAST NAME UNKNOWN	
31. NAME OF FATHER—FIRST UNKNOWN		32. MIDDLE UNKNOWN		33. LAST UNKNOWN	
34. NAME OF MOTHER—FIRST UNKNOWN		35. MIDDLE UNKNOWN		36. LAST UNKNOWN	
37. DATE MM/DD/CCYY UNKNOWN		38. PLACE OF FINAL DEPOSITION UNKNOWN			
39. TYPE OF DISPOSITION PENDING		40. SIGNATURE OF DISBURSER NOT EMBALMED		41. LICENSE NO. -	
42. NAME OF FUNERAL DIRECTOR OWENS VALLEY MORTUARY		43. LICENSE NO. FD 1026		44. SIGNATURE OF LOCAL REGISTRAR Janice Levasque, MD	
45. DATE MM/DD/CCYY 09/12/1995					
101. PLACE OF DEATH FOUND IN DESERT AREA		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA <input type="checkbox"/> CONV <input type="checkbox"/> HOSP <input type="checkbox"/> RES <input type="checkbox"/> OTHER		103. FACILITY OTHER THAN HOSPITAL INYO	
104. STREET ADDRESS—STREET AND NUMBER OR LOCATION 10-12 MILES SOUTHEAST OF OLANCHA, 6500' ELEVATION		105. COUNTY INYO		106. CITY OLANCHA	
107. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D: (A) UNDETERMINED		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 95-52		109. REPORT PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. DECEASED ATTENDED SINCE DECEASED LAST SEEN 8/11/95 MM/DD/CCYY MM/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER D.R. Van De Walker		116. LICENSE NO. 09/08/1995	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS - ZIP UNKNOWN					
118. I CERTIFY THAT IN MY OWNERSHIP DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. 119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY UNKNOWN	
122. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) UNKNOWN		123. HOUR UNK.		124. PLACE OF INJURY UNKNOWN	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE) BODY FOUND IN DESERT AREA, 10-12 MILES SE OF OLANCHA, CALIFORNIA, 93549					
126. SIGNATURE OF CORONER OR DEPUTY CORONER D.R. Van De Walker		127. DATE MM/DD/CCYY 09/08/1995		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER D.R. VAN DE WALKER, DEP. CORONER	
STATE		CITY		FAX AUTH.	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF INYO

DATE ISSUED **OCT 31 2012**

000029958

This is a true and exact reproduction of the document officially registered and placed on file in the office of the INYO COUNTY RECORDER-REGISTRAR.

KAMMI R. FOOTE
RECORDER-REGISTRAR

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

