

COMMISSION ON STATE MANDATES

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January 8, 2007

Bonnie Ter Keurst
Office of the Auditor/Controller-Recorder
222 W. Hospitality Lane
San Bernardino, CA 92415

And Affected State Agencies and Interested Parties (See Enclosed Mailing List)

Re: **Draft Staff Analysis and Notice of Hearing**
Deed of Trust Reconveyance and Mortgage Certificate (02-TC-41)
Civil Code Section 2941
Statutes 2000, Chapter 1013 (AB 996)
County of San Bernardino, Claimant

Dear Ms. Ter Keurst:

The draft staff analysis of this test claim is enclosed for your review and comment.

Written Comments

Any party or interested person may file written comments on the draft staff analysis by Monday, January 29, 2007. You are advised that comments filed with the Commission are required to be simultaneously served on the other interested parties on the mailing list, and to be accompanied by a proof of service. (Cal. Code Regs., tit. 2, § 1181.2.) If you would like to request an extension of time to file comments, please refer to section 1183.01, subdivision (c)(1), of the Commission's regulations.

Hearing

This test claim is set for hearing on **Thursday, March 29, 2007** at 9:30 a.m. in Room 126 of the State Capitol, Sacramento, California. The final staff analysis will be issued on or about March 15, 2007. Please let us know in advance if you or a representative of your agency will testify at the hearing, and if other witnesses will appear. If you would like to request postponement of the hearing, please refer to section 1183.01, subdivision (c)(2), of the Commission's regulations.

Ms. Ter Keurst
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Special Accommodations

For any special accommodations such as a sign language interpreter, an assistive listening device, materials in an alternative format, or any other accommodations, please contact the Commission Office at least five to seven *working* days prior to the meeting.

Please contact Commission Counsel Kenny Louie at (916) 323-2611 if you have any questions.

Sincerely,



PAULA HIGASHI
Executive Director

Enclosure: Draft Staff Analysis

MAILED: Mail List
FAXED: _____
DATE: 1/21/04
INITIAL: JD
CHRON: _____
FILE: _____
WORKING BINDER: _____