

RECORDING REQUESTED BY  
AND RETURN TO:

✓  
WILLIAM A. HIRST  
ATTORNEY AT LAW  
235 Main Street, Suite A  
Pleasanton, California 94566  
Telephone: (415) 846-0206

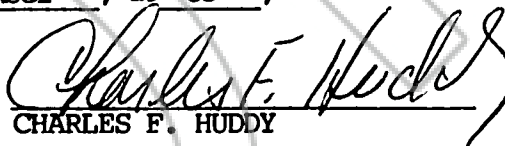
AFFIDAVIT DEATH OF JOINT TENANT

STATE OF CALIFORNIA     )  
COUNTY OF ALAMEDA     )

CHARLES F. HUDDY, of legal age, being first duly sworn, deposes and says:

That DOLORES ROSE HUDDY, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as DOLORES R. HUDDY, named as one of the parties in that certain deed dated November 5, 1980 executed by ALBERT E. TEXIERA and ALYCE TEXIERA to CHARLES F. HUDDY and DOLORES R. HUDDY, husband and wife as joint tenants, recorded as Instrument Number 50372, at Book 1180, Page 250 on November 6, 1980 of Official Records in the Office of the County Recorder of Douglas County, State of Nevada.

Dated this 21st day of November, 19 85,

  
CHARLES F. HUDDY

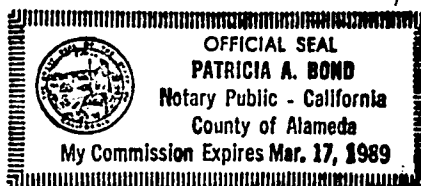
SUBSCRIBED AND SWORN TO BEFORE ME

this 21st day of November. 1985

NOTARY PUBLIC in and  
for said State

Notary's Signature





**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

**8097**

**8171**

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER				
1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)   2B. HOUR				
Dolores	Rose	Huddy	December 11, 1984   Ed. 0600				
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC NO	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR MONTHS   DAYS	IF UNDER 24 HOURS HOURS   MINUTES	
Female	White Portuguese	NO	March 24, 1925	59	YEARS		
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER			
California		Joseph Figeira Portugal		Perpetua Fernandes Portugal			
11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)				
U.S.A.	[REDACTED]-4917	Married	Charles F. Huddy				
15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS				
Housewife	Adult Life	N/A	N/A				
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B.	19C. CITY OR TOWN			
640 Curtner Rd.				Fremont			
19D. COUNTY		19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP				
Alameda		California	Charles F. Huddy Spouse				
21A. PLACE OF DEATH	21B. COUNTY	Same as # 19 A 94539					
Residence	Alameda						
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN						
640 Curtner Rd.	Fremont						
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)						
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.	(A) <i>Squamous cell lung cancer, widely metastatic</i>	(B) <i>Smoking</i>	(C)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?
	8 mos	Yes	Yes	No			
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION DATE				
			Bronchoscopy April 84				
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER				
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	Marilynn Price	12/12/84	G46126			
4/9/84	11/15/84	28E. TYPE PHYSICIAN'S NAME AND ADDRESS					
						Marilynn Price M.D. 39400 Paseo Padre Fremont, Ca.	
29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR			
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)						
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVIGATION)	35B. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED					
36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE				
Entombment	Dec. 13, 1984	Chapel of the Chimes 32992 Mission Blvd.	Not Embalmed				
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR				
Chapel of the Chimes Hayward	1240	[Signature]	DEC 12 1984				
STATE REGISTRAR	A.	B.	C.	D.	E.	F.	

**SEAL**

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA.

CARL L. SMITH, M.D., LOCAL REGISTRAR

BY: [Signature] DEPUTY

DATE: DEC 17 1984

127852

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COPY

REQUESTED BY  
William Hest  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'85 DEC -6 10:38

SUZANNE BEAUDREAU  
RECORDER

\$ 7.00 PAID Oh DEPUTY

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