

When recorded mail to:

✓ Mrs S. G. FALTICO
410 STUART COURT
OJAI, CA 93023

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF Nevada)
COUNTY OF Douglas) ss.

Eleanor M. Faltico of legal age, being first
duly sworn, deposes and says:

THAT STANLEY GEORGE FALTICO, the decedent mentioned
in the attached certified copy of Certificate of Death, is the same person
as STANLEY G. FALTICO named as one of the parties
in that certain Deed of Trust dated November 4, 1985,
executed by Richard Hall and Sharon A. Hall, husband and wife
to STANLEY G. FALTICO and ELEANOR M. FALTICO, husband and wife
as joint tenants, recorded as Instrument No. 126391
on November 7, 1985, in book 1185, page 619,
of Official Records of Douglas County, Nevada,
covering the following described property situated in the _____
County of Douglas State of Nevada :

Lot 71, Block E, Silverado Heights Subdivision
A. P. N. 13-244-04

THAT the said decedent, Stanley George Faltico is one of
the joint tenant grantees in that certain said Deed of Trust
and that all interest in and to said real property is vested absolutely in
affiant, namely Eleanor M. Faltico.

Dated JUN 18 '87
Eleanor M. Faltico
ELEANOR M. FALTICO

SUBSCRIBED AND SWORN TO before me
this 18th day of June 1987

Signature Donald Dana
DONALD DANA
Name (typed or printed)

On this 18 day of June in the year 1987
before me, a Notary Public in and for said state
personally appeared

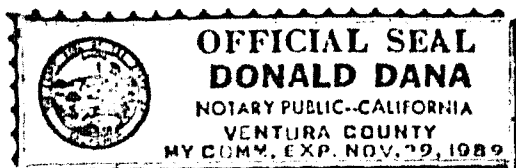
Eleanor M. Faltico
personally known to me (or proved to me
on the basis of satisfactory evidence)
to be the person who subscribed
to the within instrument, and acknowledged
to me that he executed same.

Donald Dana

156842

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SEAL



CERTIFICATE OF DEATH
STATE OF CALIFORNIA

5600

2318

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST STANLEY		1B. MIDDLE GEORGE	
1C. LAST FALTICO		2A. DATE OF DEATH (MONTH, DAY, YEAR) September 7, 1986	
2B. HOUR 2000			
3. SEX Male	4. RACE/ETHNICITY Cauc	5. SPANISH/HISPANIC NO	6. DATE OF BIRTH December 8, 1912
7. AGE 73	8. IF UNDER 1 YEAR MONTHS	9. IF UNDER 1 YEAR DAYS	10. IF UNDER 24 HOURS HOURS
11. IF UNDER 24 HOURS MINUTES	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) MN		9. NAME AND BIRTHPLACE OF FATHER Mitchell Faltico - unk
10. BIRTH NAME AND BIRTHPLACE OF MOTHER Harriet Knudsen - unk			
11A. CITIZEN OF WHAT COUNTRY U.S.A.	11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE 19 n/a to 19 n/a	12. SOCIAL SECURITY NUMBER [REDACTED]-9092	13. MARITAL STATUS Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER "WIFE" IN NAME) Eleanor Malkow			
15. PRIMARY OCCUPATION Design Engineer	16. NUMBER OF YEARS THIS OCCUPATION 25	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Lockheed	18. KIND OF INDUSTRY OR BUSINESS Airplane Frame Design
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 410 Stuart Ct.		19B.	19C. CITY OR TOWN Ojai
19D. COUNTY Ventura		19E. STATE California	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Mrs. Stanley Faltico - Wife 410 Stuart Ct. Ojai, CA 93023
21A. PLACE OF DEATH Community Memorial Hospital		21B. COUNTY Ventura	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 147 No. Brent St.		21D. CITY OR TOWN Ventura	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE		23. WAS DEATH REQUESTED TO CORONER? No	24. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) Carcinoma of the lung		2 1/2 mo.	25. WAS BOPSY PERFORMED? Yes
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.			26. WAS AUTOPSY PERFORMED? No
(B)			
(C)			
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? Biopsy Lt. Lung mass	
		6/23/86	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) 6/26/86		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>Stephen Rigberg, M.D.</i>	28C. DATE SIGNED 9/8/86
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) 9/7/86		28D. PHYSICIAN'S LICENSE NUMBER G30872	
28E. TYPE PHYSICIAN'S NAME AND ADDRESS Stephen Rigberg, M.D., 168 No. Brent St., Ste 301., Ventura, CA			
29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR
			32B. C.M.
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- INVESTIGATION		35B. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED
36. DISPOSITION Cremation	37. DATE—MONTH, DAY, YEAR 9/9/86	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Ventura Crematory, Ventura, CA	39. EMBALMER LICENSE NUMBER AND SIGNATURE Not embalmed
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Ted M. Mayr Funeral Home	40B. LICENSE NO. 667	41. LOCAL REGISTRAR—SIGNATURE <i>Laura L. Miller, M.D.</i>	42. DATE ACCEPTED BY LOCAL REGISTRAR 9/9/86
STATE REGISTRAR	A.	B.	C.
	D.	E.	F.

REQUESTED BY
Eleanor Faltico
IN OFFICIAL RECORDS OF
SOUTHERN CALIFORNIA

'87 JUN 22 AM 11:59

SHERANNE BEAUREAU
RECORDER

\$ 6.00 PAID *DL* DEPUTY

This is a true certified copy of the record if it bears the seal, imprinted in purple ink, of the County Recorder.

MAY 7 1987

Richard D. Dean

RICHARD D. DEAN, COUNTY RECORDER
VENTURA COUNTY, CALIFORNIA

156842

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