

AND WHEN RECORDED MAIL TO

Name Florence Figueira  
 Street Address 15372 Laverne Dr.  
 City & State San Leandro, Ca. 94579

SPACE ABOVE THIS LINE FOR RECORDER'S USE

# Affidavit — Death of Joint Tenant

NEVADA  
STATE OF ~~CALIFORNIA~~

County of DOUGLAS SS.

I FLORENCE FIGUEIRA, of legal age, being first duly sworn, deposes and says:  
 That RALPH FIGUEIRA, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as RALPH JAMES FIGUEIRA, named as one of the parties in that certain DEED dated Aug 18 1976 executed by PAC. UNION ASSN. OF SEVEN DAY ADVERTISERS to RALPH JAMES FIGUEIRA AND FLORENCE AGNES FIGUEIRA, as joint tenants, recorded as Instrument No. 03432, on SEPT. 22 1976, in book 976, page 1190, of Official Records of DOUGLAS County, ~~California~~, covering the following described property situated in the NEVADA County of DOUGLAS State of ~~California~~:  
NEVADA

LOT 29 UNIT 1 AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES, DOUGLAS COUNTY, NEVADA. FILED IN THE OFFICE OF THE COUNTY RECORDER, DOUGLAS COUNTY, NEVADA ON OCTOBER 28, 1963

I declare under penalty of perjury, under the laws of the State of NEVADA ~~California~~, that the above statement is true and correct and within my personal knowledge.

FLORENCE AGNES FIGUEIRA  
 Print Name

Florence Agnes Figueira  
 Sign Name

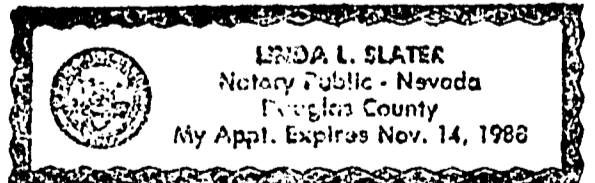
STATE OF NEVADA  
 COUNTY OF DOUGLAS

On this 14th day of September 1988, before me, Linda L. Slater, the undersigned Notary Public, personally appeared FLORENCE AGNES FIGUEIRA

- ( ) Personally known to me
- ( x ) Proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is subscribed to the within instrument, and acknowledged that she executed it.

WITNESS my hand and Official seal.

Linda L. Slater  
 Notary Public



CERTIFICATE OF DEATH

3-88-01

00337

STATE FILE NUMBER

STATE OF CALIFORNIA

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST Ralph		1B. MIDDLE James		1C. LAST Figueira		2A. DATE OF DEATH (MONTH, DAY, YEAR) January 15, 1988		2B. HOUR 0450	
3. SEX Male	4. RACE/ETHNICITY White		5. SPANISH/HISPANIC NO	6. DATE OF BIRTH July 27, 1918		7. AGE 69 YEARS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Oakland, Calif.			9. NAME AND BIRTHPLACE OF FATHER Henry Figueira - Hawaii			10. BIRTH NAME AND BIRTHPLACE OF MOTHER Anna Silva - Hawaii			
11A. CITIZEN OF WHAT COUNTRY U.S.A.		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE. 1944 TO 1946		12. SOCIAL SECURITY NUMBER [REDACTED]-0930A	13. MARITAL STATUS Married	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Florence Cirimele			
15. PRIMARY OCCUPATION Firefighter (Ret)		16. NUMBER OF YEARS THIS OCCUPATION 28		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) City of San Leandro		18. KIND OF INDUSTRY OR BUSINESS Fire Department			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 15372 Laverne Drive					19B.	19C. CITY OR TOWN San Leandro			
19D. COUNTY Alameda			19E. STATE California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Florence Figueira - wife 15372 Laverne Drive San Leandro, CA 94579				
21A. PLACE OF DEATH Merritt Hospital		21B. COUNTY Alameda							
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) Hawthorne Av. & Webster		21D. CITY OR TOWN Oakland							
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>Hypertension</i> ← ± 2 years (B) <i>Diabetes mellitus</i> ← ± 20 yrs (C)									
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A <i>Coronary atherosclerosis; congestive heart failure</i>						24. WAS DEATH REPORTED TO CORONER? No			
						25. WAS BIOPSY PERFORMED? No		26. WAS AUTOPSY PERFORMED? No	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION No									
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) <i>June 5, 1975</i>		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>Joseph Bertino, Jr., MD</i>		28C. DATE SIGNED <i>1-15-88</i>		28D. PHYSICIAN'S LICENSE NUMBER <i>4011913</i>			
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-INVESTIGATION)						35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
36. DISPOSITION Entombment		37. DATE—MONTH, DAY, YEAR January 19, 1988		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Holy Sepulchre Cemetery - Hayward, CA		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE <i>6273 Hemmon</i>			
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Guerrero Mortuary Chapel			40B. LICENSE NO. F-442	41. LOCAL REGISTRAR—SIGNATURE <i>[Signature]</i>		42. DATE ACCEPTED BY LOCAL REGISTRAR JAN 19 1988			
STATE REF	A.	B.	C.	D.	E.	F.			

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

DEPUTY

DATE: JAN 20 1988

186011

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COPY

REQUEST BY  
Suzanne Liguori  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

98 SEP -8 P4:30

SUZANNE BEAUDREAU  
RECORDER

\$ 7.00 PAID SP DEPUTY BOOK 988 **186011**  
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