

A.P.N. # 1318-220-020-33

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

+ **VELAZQUEZ**
P.O. 5106
STATELINE NV 89449

REQUESTED BY
Lorena Sanchez
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 SEP 11 PM 3:28

WERNER CHRISTEN
RECORDER

\$ 17⁰⁰ PAID KJ DEPUTY

(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

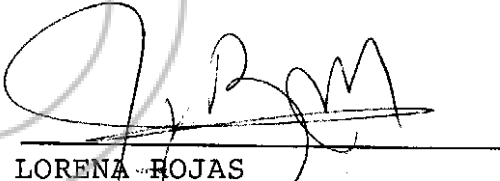
STATE OF NEVADA }
COUNTY OF DOUGLAS } ss.

LORENA ROJAS, of legal age, being first duly sworn, deposes and says: That ISRAEL P. SANCHEZ, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ISRAEL PEREZ SANCHEZ named as one of the parties in that certain **DEED** dated January 09, 1998 executed by **KENNETH C. DAHLEN AND DARLENE M. DAHLEN, HUSBAND AND WIFE** to Jose S. Velazquez & Israel P. Sanchez, husband and wife ** as joint tenants, recorded as Instrument No. 0430352, on January 14, 1998 in Book 198, Page 1900, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in DOUGLAS County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

**** JOSE MANUEL ROJAS AND LORENA ROJAS, HUSBAND AND WIFE
ALL AS JOINT TENANTS**

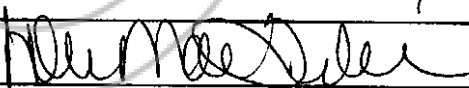
DATE: **September 11, 2003**


LORENA ROJAS

STATE OF Nevada }
COUNTY OF Douglas } ss.


LORI MAE SILVA
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No. 97-2081-5 - EXPIRES APRIL 26, 2005

This instrument was acknowledged before me on 9/11/2003
by LORENA ROJAS

Signature 

Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

0589660

BK 0903 PG 05888

Exhibit "A"

The Real Property located in the City of STATELINE, County of DOUGLAS, State of NV.

LOT 47 IN BLOCK 2, OLIVER PARK SUBDIVISION, AS SHOWN ON THE OFFICIAL MAP RECORDED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, FEBRUARY 2, 1959, DOCUMENT NO. 14034.

0589660

BK0903PG05889

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

HEALTH DEPARTMENT

PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3200309000427

STATE FILE NUMBER 102		LOCAL REGISTRATION NUMBER 3200309000427	
1. NAME OF DECEDENT - FIRST (Given) ISREAL		3. MIDDLE PEREZ	
2. LAST (Family) SANCHEZ		4. DATE OF BIRTH month/day/year 10/24/1924	
5. AGE Yrs. 78		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY MEXICO		10. SOCIAL SECURITY NUMBER [REDACTED]-9079	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Grade (see worksheet on back) 8		14. WAS DECEDENT SPANISH/HISPANIC/LATINO? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES MEXICAN <input type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		16. YEARS IN OCCUPATION 54	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., primary work, read occupation, employment agency, etc.) OWN HOME	
20. DECEDENT'S RESIDENCE (Street and number or block/lot) 166 FERRIS CT.#B			
21. CITY STATELINE		22. COUNTY/PROVINCE DOUGLAS	
23. ZIP CODE 89449		24. YEARS IN COUNTY 26	
25. STATE/FOREIGN COUNTRY NEVADA		26. INFORMANT'S NAME, RELATIONSHIP JOSE S. VELASQUEZ - HUSBAND	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) P.O. BOX 5703, STATELINE, NV 89449		28. NAME OF SURVIVING SPOUSE - FIRST JOSE	
29. MIDDLE S.		30. LAST (Maiden Name) VELASQUEZ	
31. NAME OF FATHER - FIRST CONCEPTION		32. MIDDLE -	
33. LAST APARICIO		34. BIRTH STATE MEXICO	
35. NAME OF MOTHER - FIRST ADABERTA		36. MIDDLE -	
37. LAST (Maiden) PEREZ		38. BIRTH STATE MEXICO	
39. DISPOSITION DATE month/day/year 06/13/2003		40. PLACE OF FINAL DISPOSITION HAPPY HOMESTEAD CEMETERY, SO. LAKE TAHOE, CA	
41. TYPE OF DISPOSITION (R) BU		42. SIGNATURE OF REGISTRAR <i>Stephen G. Drogina</i>	
43. LICENSE NUMBER 7872		44. NAME OF FUNERAL ESTABLISHMENT MCFARLANE MORTUARY	
45. LICENSE NUMBER FD-1180		46. SIGNATURE OF LOCAL REGISTRAR <i>Stephen G. Drogina</i>	
47. DATE month/day/year 06/12/2003		101. PLACE OF DEATH BARTON MEMORIAL HOSPITAL	
102. COUNTY EL DORADO		103. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> INOP <input type="checkbox"/> DCA	
104. CITY EL DORADO		105. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Home <input type="checkbox"/> Other	
106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 2170 SOUTH AVE.		107. CITY SO. LAKE TAHOE	
108. CAUSE OF DEATH ACUTE MYOCARDIAL INFARCTION		109. TIME ELAPSED BETWEEN CAUSE OF DEATH Minutes 03-5903	
110. IMMEDIATE CAUSE (Final disease or condition resulting in death) CORONARY ARTERY ATHEROSCLEROSIS		111. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DIABETES MELLITUS; VALVULAR HEART DISEASE; HYPERLIPIDEMIA		113. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) PACEMAKER PLACEMENT 04/-/2002		115. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
116. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) LISTED. Decedent's Alleged Cause: Decedent Lived Here Above		117. SIGNATURE AND TITLE OF CERTIFIER <i>Peter Van Arnum</i>	
118. TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS, ZIP CODE		119. LICENSE NUMBER	
120. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) LISTED. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicidal <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		121. SAUVED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
122. INJURY DATE month/day/year		123. INJURY HOUR (24 Hours)	
124. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
125. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury)			
126. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
127. SIGNATURE OF CORONER / DEPUTY CORONER <i>Peter Van Arnum</i>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER PETER VAN ARNUM, DEPUTY CORONER	
129. DATE month/day/year 06/12/2003		130. FAX AUTH # 6088	
STATE REGISTRAR		CENSUS TRACT	

RK 11-3 PG 05 890
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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

000075855

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED 09/04/2003

Stephen G. Drogina
STEPHEN G. DROGINA, M.D.
COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

