

OFFICIAL RECORD

Requested By:

MARQUIS TITLE & ESCROW

Recording Requested By
Marquis Title & Escrow
WHEN RECORDED MAIL TO

Dlorah Joann Vallacqua
1347 Acadia Ave
Milpitas, CA 95035

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0510 PG- 0753 RPTT: 0.00

apn. 1320.30.110.010



AFFIDAVIT - DEATH OF TRUSTEE

A CERTIFIED COPY OF DEATH CERTIFICATE MUST BE ATTACHED TO THIS AFFIDAVIT

DLORAH JOANN VALLACQUA of legal age, being duly sworn, deposes and says:

That JOSEPH VALLACQUA JR, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOSEPH VALLACQUA JR, named as the/one of the trustee(s) in that certain GRANT BARGAIN SALE DEED, dated MAY 12, 2009, executed by JOSEPH VALLACQUA, JR and DLORAH JOANN VALLACQUA, to JOSEPH VALLACQUA JR AND DLORAH JOANN VALLACQUA, as Trustee(s), recorded on MAY 29, 2009 as instrument no. 743981 book 509 page 6986 of the official records of 743961 County, State of Nevada described as follows:

SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION

This document is recorded as an accomodation and without liability for the consideration therefore or as to the validity or sufficiency of said instrument or for the effect of such recording on the title of the property involved

Dlorah Joann Vallacqua
DLORAH JOANN VALLACQUA

Dated:

SUBSCRIBED AND SWORN to before me, the undersigned

Notary Public,

in and for said County and State this _____ day of _____

Signature _____

EXHIBIT "A"

Lot 11, in Block A, as set forth on the map of WESTWOOD PARK UNIT NO. IV, PHASE B, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 1, 1994, in Book 694, at Page 27, as Document No. 338620.

TOGETHER WITH an undivided 1/21 interest in and to the common area lying within the interior lines as set forth on map of State of Nevada, on June 1, 1994, in Book 694, at Page 27, as Document No. 338620, excepting therefrom that portion of said land granted to Westwood Park Homeowner's Association as shown in documents recorded September 29, 1999, in Book 999, Page 5523 through 5619, Document No's. 477672 through 477692.

APN: 1320-30-110-010



CALIFORNIA JURAT WITH AFFIANT STATEMENT

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-5 to be completed only by document signer[s], *not* Notary)

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

Signature of Document Signer No. 1 _____ Signature of Document Signer No. 2 (if any) _____

State of California

County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this

15 day of April, 2010, by
Date Month Year

(1) Dlorah Joann Vallacqua,
Name of Signer

proved to me on the basis of satisfactory evidence to be the person who appeared before me (.) (,)

(and

(2) _____,
Name of Signer

proved to me on the basis of satisfactory evidence to be the person who appeared before me.)

Signature Kot
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Further Description of Any Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

RIGHT THUMBPRINT OF SIGNER #1
 Top of thumb here

RIGHT THUMBPRINT OF SIGNER #2
 Top of thumb here

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA
PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION

645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128
CURRENT ADDRESS: 976 LENZEN AVE, SAN JOSE, CA 95126, EFFECTIVE: 04/13/2009

CERTIFICATE OF DEATH 3200943009183

STATE FILE NUMBER		USE BLACK INK ONLY - NO ERASERS, WHITEOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
JOSEPH				VALLACQUA	
DECEDENT'S PERSONAL DATA					
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
JOSEPH - VALLACQUA JR.		4. DATE OF BIRTH (month/day)		6. AGE (Yrs. Months Days)	
03/02/1938		71		M	
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
NY		-0661		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK	
13. EDUCATION - (Specify Level/Class (Do not abbreviate or omit))		14/15. WAS DECEDENT HISPANIC/LATINO (SPANISH)? (If yes, see part 4 on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
SOME COLLEGE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN, SICILIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED				18. YEARS IN OCCUPATION	
DENTAL TECHNICIAN				46	
19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food commercial, employment agency, etc.)					
DENTAL					
20. DECEDENT'S RESIDENCE (Street and number or location)					
1347 ACADIA AVE					
USUAL RESIDENCE					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
MILPITAS		SANTA CLARA		95035	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
41		CA		J.C. VALLACQUA, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
1347 ACADIA AVE, MILPITAS, CA 95035					
SPOUSE AND PARENT INFORMATION					
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
DLORAH		JOANN		SMITH	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
JOSEPH				VALLACQUA SR.	
34. BIRTH STATE		35. BIRTH STATE		36. BIRTH STATE	
ITALY		ITALY		ITALY	
37. NAME OF MOTHER - FIRST		38. MIDDLE		39. LAST (Maiden)	
MARY				BRUCATO	
40. PLACE OF FINAL DEPOSITION SCATTER AT SEA OFF THE COAST OF SAN FRANCISCO COUNTY					
41. TYPE OF DEPOSITION(S)					
CR/SEA					
42. SIGNATURE OF EMBALMER					
NOT EMBALMED					
43. LICENSE NUMBER					
44. NAME OF FUNERAL ESTABLISHMENT					
NEPTUNE SOCIETY OF CENTRAL CALIF.					
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR			
FD1322		MARTIN D FENSTERSHEIB, MD.			
47. DATE					
12/16/2009					
PLACE OF DEATH					
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
RESIDENCE		<input type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME <input type="checkbox"/> OTHER		<input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
SANTA CLARA		1347 ACADIA AVE		MILPITAS	
CAUSE OF DEATH					
107. CAUSE OF DEATH - Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or withdrawal of life support without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
PRIMARY COLON CANCER					
108. DEATH REPORTED TO CORONER?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
109. SPOUSE PERFORMED?					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
110. AUTOPSY PERFORMED?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
111. USED IN DETERMINING CAUSE?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
DIABETIC NEPHROPATHY					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)					
RIGHT HEMICOLECTOMY 06/25/2008					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE	
JAMES JOSEPH NESTOR M.D.		G41673		12/15/2009	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
JAMES JOSEPH NESTOR M.D.					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
120. MANNER OF DEATH		121. INJURED AT WORK?		122. HOUR (24 Hours)	
<input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER					
127. DATE		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
		MARTIN D. FENSTERSHEIB, MD.			
STATE REGISTRAR					
A B C D E					

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PG- 756
05/05/2010

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SANTA CLARA } SS

DATE ISSUED
By **DEC 18 2009**

* H:2436925*
FAX AUTH. # *df* CENSUS TRACT

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fenstersheib MD
MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

