

**DOC # 810991**  
10/16/2012 12:17PM Deputy: AR  
**OFFICIAL RECORD**  
Requested By:  
**Pacific Transfer/Gray wolf**  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: \$16.00  
BK-1012 PG-4130 RPTT: 0.00



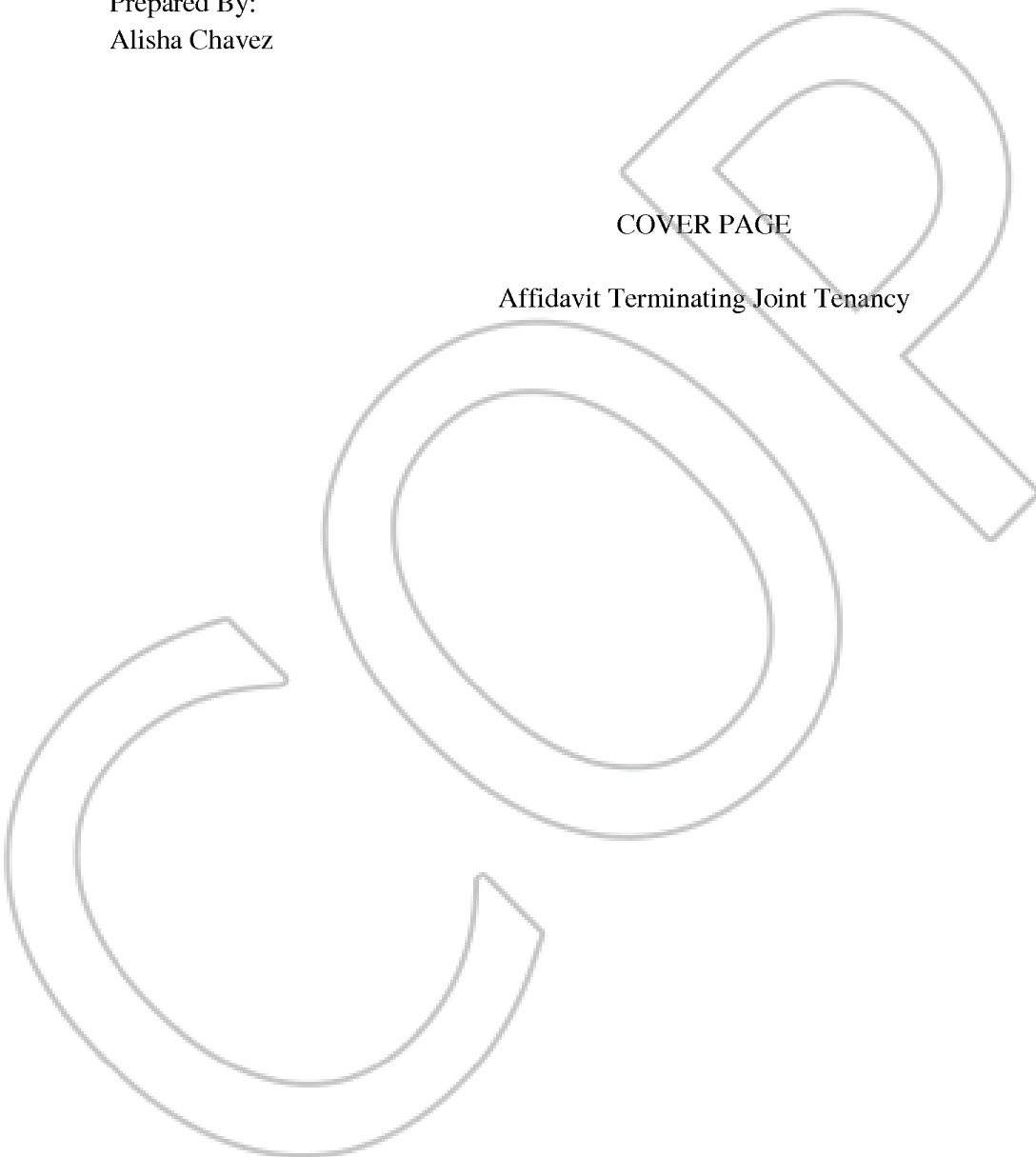
APN: 42-254-07

Mail Tax Statement To:  
Jerry W. Fant and Julie N. Worrell  
44237 Gillan Ave  
Lancaster, CA 93535

When Recorded Mail To:  
Pacific Transfer  
2241 W. 190<sup>th</sup> Street  
Torrance, CA 90504  
Prepared By:  
Alisha Chavez

COVER PAGE

Affidavit Terminating Joint Tenancy



**AFFIDAVIT TERMINATING JOINT TENANCY**

State of California )  
 ) ss.  
County of Sonoma )

Marta J. Idica, being first duly sworn, deposes and says that affiant is over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

That affiant is Marta J. Idica, the person named as Marta J. Idica, one of the grantees in that certain deed recorded on July 22, 1992, as Document Number 283905, in Book 792 at Page 3500, in the office of the County Recorder of Douglas County, Nevada.

That Severo J. Idica, was one of the grantees named in said deed and was the identical person named as Severo Joseph Idica, Jr., the decedent, in that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof.

Marta J. Idica  
Marta J. Idica, Signature

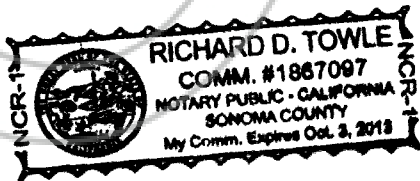
Subscribed and sworn to before me this 30<sup>th</sup> day of August, 2012

State Of CALIFORNIA

County Of Sonoma

Richard D. Towle  
Notary Public Signature

RICHARD D. TOWLE  
Printed Name of Notary Public



CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA  
SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3-2003-49-002916

STATE FILE NUMBER		DATE OF DEATH USE BLACK INK ONLY (NO ERASURES, WHITOUTS OR ALTERNATIONS) VS-1 (REV 1/87)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Lasting)		2. MIDDLE		3. LAST (If middle)	
SEVERO		JOSEPH		IDIGA, JR.	
4. DATE OF BIRTH		5. AGE Yrs.	6. UNDER ONE YEAR		7. UNDER FORTY-NINE
12/19/1946		56	Months		Days
8. SEX		9. MARRIAGE STATUS (at time of death)			
M		MARRIED			
10. DATE OF DEATH		11. HOURS (24 hours)		12. TIME	
10/13/2003		11:29			
13. BIRTH STATE/FOREIGN COUNTRY		14. SOCIAL SECURITY NUMBER		15. EVER IN U.S. ARMED FORCES?	
CA		8314		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
16. EDUCATION (highest completed level)		17. WAS DECEDENT SPANISH/SPIRITUAL? (if yes, see instruction on back)		18. DECEDENT'S RACE (List 2 races only see back)	
SOME COLLEGE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FILIPINO, AMERICAN INDIAN	
19. USUAL OCCUPATION (Type of work by year at job, do not list retired)		20. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food establishment, employment agency, etc.)		21. YEARS IN OCCUPATION	
ELECTRICIAN		PUBLIC UTILITY		36	
22. DECEDENT'S RESIDENCE (Street and number or location)					
753 HUMBOLDT STREET					
23. CITY		24. COUNTY/TOWNSHIP		25. ZIP CODE	
SANTA ROSA		SONOMA		95404	
26. YEARS IN COUNTY		27. STATE/FOREIGN COUNTRY			
36		CA			
28. INFORMANT'S NAME, RELATIONSHIP			29. INFORMANT'S MAILING ADDRESS (Street and number or next door neighbor, city or town, state, ZIP)		
MARTA IDIGA - WIFE			753 HUMBOLDT STREET, SANTA ROSA, CA 95404		
30. NAME OF surviving spouse - FIRST		31. MIDDLE		32. LAST ( maiden)	
MARTA		JOX		FAGAL	
33. NAME OF FATHER - FIRST		34. MIDDLE		35. LAST	
SEVERO		JOSEPH		IDIGA, SR.	
36. NAME OF MOTHER - FIRST		37. MIDDLE		38. LAST	
MARGARET		LORENE		MITCHELL	
39. DISPOSITION DATE		40. PLACE OF FINAL DISPOSITION			
10/17/2003		RUSSIAN RIVER DISTRICT CEMETERY, UKIAH, CA			
41. TYPE OF DISPOSITION		42. SIGNATURE OF FUNERAL DIRECTOR		43. LICENSE NUMBER	
BU		<i>Will T. ...</i>		5343	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
EGGEN & LANCE MORTUARY		FD-240		MARY MADRUX-GONZALEZ, M.D.	
47. DATE		48. DATE			
10/14/2003		10/14/2003			
49. PLACE OF DEATH					
OWN RESIDENCE					
50. COUNTY		51. FACILITY, ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		52. CITY	
SONOMA		753 HUMBOLDT STREET		SANTA ROSA	
53. CAUSE OF DEATH					
Cause list chain of events: Illnesses, injuries, or complications in that strictly causal death. DO NOT use medical terms such as "cardiac arrest," "respiratory arrest," or "cerebral anoxia" without including the primary. DO NOT abbreviate.					
54. IMMEDIATE CAUSE (a) (Time elapsing between last condition resulting in death)		55. DEATH REPORTED TO CORONER (Check and date)		56. DEATH REPORTED TO DECEASED (Check and date)	
Amyotrophic Lateral Sclerosis		Yes		Yes	
57. (b) (Underlying or contributing cause (include all causes that may have influenced the primary cause resulting in death) LAST)		58. BODY PERFORMED? (X) YES ( ) NO		59. AUTOPSY PERFORMED? (X) YES ( ) NO	
None					
60. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE		61. WAX OR SEPARATION PERFORMED FOR ANY CONDITION IN ITEM 57 OR 58? (If yes, list type of operation and date)		62. IF PEOPLE PRESENT IN LAST YEAR? ( ) YES ( ) NO ( ) UNK	
None		No			
63. I CERTIFY THAT IN MY OWN OR GRANDCHILD'S OCCUPATION AT THE POINT OF DATE, AND PLACE STATED FROM THE CAUSE LISTED		64. SIGNATURE AND TITLE OF REGISTRAR		65. LICENSE NUMBER	
10/07/1998		03/05/2003		SCOTT PETERSON, MD, 500 DOYLE PARK DR., #304, SANTA ROSA, CA	
66. TYPE OF DEATH ( ) Natural ( ) Accident ( ) Homicide ( ) Suicide ( ) Poisoning ( ) Sudden ( ) Could not be determined ( ) YES ( ) NO ( ) UNK		67. INSURED AT WORK?		68. INQUIRY DATE	
69. PLACE OF INJURY (e.g., home, construction site, beach area, etc.)					
70. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury)					
71. LOCATION OF INJURY (Street and number, or Mallory, and ZIP, and ZIP)					
72. SIGNATURE OF CORONER / DEPUTY CORONER		73. DATE		74. TYPE, NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A		B	
C		D		E	
FAX ROUTE #		CENSUS TRACT			

BK 1012  
PG-4132  
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CERTIFIED COPY OF VITAL RECORDS 10/15/2003

STATE OF CALIFORNIA }  
COUNTY OF SONOMA } DATE ISSUED

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics Office, Sonoma County Department of Health Services.

This copy not valid unless printed on registered border displaying seal and signature of Registrar.



LOCAL REGISTRAR  
SONOMA COUNTY, CALIFORNIA

