

*This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).*



KAREN ELLISON, RECORDER

**APN: 28-021-40-01**

**RECORDING REQUESTED BY:**  
Amy Ochi, Esq.

**WHEN RECORDED MAIL TO:**  
✓ Emma F. Medrano  
c/o Amy Ochi, Esq.  
983 Reserve Drive  
Roseville, CA 95678

**MAIL TAX STATEMENTS TO:**  
Gay Roselle Fabre Medrano  
1392 Stoney Cross Lane  
Lincoln, CA 95648

---

**AFFIDAVIT OF DEATH OF JOINT TENANT**

I, EMMA F. MEDRANO, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) That I am the surviving spouse and sole surviving joint tenant of PEREGRINO Q. MEDRANO.
- (2) That by Deed of Trust dated September 24, 1994, a joint tenancy was reconfirmed in PEREGRINO Q. MEDRANO and EMMA F. MEDRANO, husband and wife, recorded as Document No. 347631 on October 5, 1994, in the Official Records of Douglas County, Nevada.
- (3) That the property subject to joint tenancy is described in Exhibit "A" attached hereto and incorporated herein.
- (4) That PEREGRINO Q. MEDRANO died on November 20, 2012, in Stockton, San Joaquin County, California. A certified copy of the death certificate is attached hereto as Exhibit "B."



## **Exhibit "A"**

### **Legal Description:**

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50th interest in and to Lot 28 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 21 as shown and defined on said map; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe, recorded February 14, 1984 as Document No. 096758, as amended by Amended Declaration of Annexation of The Tahoe Ridge Phase Six recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest, in Lot 28 only, for one week each year in accordance with said Declarations.

**Assessor's Parcel Number: 42-254-21**

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**SAN JOAQUIN COUNTY**  
**PUBLIC HEALTH SERVICES**  
**STOCKTON, CALIFORNIA**

3052012214347

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA  
USE BLACK INK ONLY / NO ERASURES, WHITENOUTS OR ALTERATIONS  
VS-1 (REV. 3/05)

3201239004217

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT- FIRST (Given) <b>PEREGRINO</b>		3. LAST (Family) <b>MEDRANO</b>	
2. MIDDLE <b>QUERUBIN</b>		6. SEX <b>M</b>	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>06/26/1942</b>	5. AGE Yrs. <b>70</b>
9. BIRTH STATE/FOREIGN COUNTRY <b>PI</b>		10. SOCIAL SECURITY NUMBER <b>0202</b>	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK
12. MARITAL STATUS/SDP: (at Time of Death) <b>MARRIED</b>		7. DATE OF DEATH mm/dd/yyyy <b>11/20/2012</b>	8. HOUR (24 Hours) <b>2045</b>
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>BACHELOR</b>		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if Yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>FILIPINO</b>		17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED <b>INSURANCE SALESMAN</b>	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>INSURANCE</b>		19. YEARS IN OCCUPATION <b>25</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>2045 CHAPARRAL WAY</b>			
21. CITY <b>STOCKTON</b>		22. COUNTY/PROVINCE <b>SAN JOAQUIN</b>	23. ZIP CODE <b>95209</b>
24. YEARS IN COUNTY <b>30</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>	
26. INFORMANT'S NAME, RELATIONSHIP <b>EMMA MEDRANO, WIFE</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>2045 CHAPARRAL WAY, STOCKTON, CA 95209</b>	
28. NAME OF SURVIVING SPOUSE/SDP - FIRST <b>EMMA</b>		29. MIDDLE <b>-</b>	30. LAST (BIRTH NAME) <b>NORBERTE</b>
31. NAME OF FATHER/PARENT - FIRST <b>HERMENEGILDO</b>		32. MIDDLE <b>-</b>	33. LAST <b>MEDRANO</b>
34. BIRTH STATE <b>PI</b>		35. NAME OF MOTHER/PARENT - FIRST <b>VIRGINIA</b>	
36. MIDDLE <b>-</b>		37. LAST (BIRTH NAME) <b>UNKNOWN</b>	
38. BIRTH STATE <b>PI</b>		39. DISPOSITION DATE mm/dd/yyyy <b>12/03/2012</b>	
40. PLACE OF FINAL DISPOSITION <b>CHEROKEE MEMORIAL PARK HARNEY LANE &amp; HWY 99, LODI, CA 95240</b>		41. TYPE OF DISPOSITION(S) <b>BU</b>	
42. SIGNATURE OF EMBALMER <b>SHIRLEY ISAAC</b>		43. LICENSE NUMBER <b>EMB7562</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>DEYOUING SHORELINE CHAPEL</b>		45. LICENSE NUMBER <b>FD1479</b>	46. SIGNATURE OF LOCAL REGISTRAR <b>KAREN FURST, MD</b>
47. DATE mm/dd/yyyy <b>11/28/2012</b>		48. LICENSE NUMBER <b>G53151</b>	
49. DATE mm/dd/yyyy <b>11/28/2012</b>		50. DATE mm/dd/yyyy <b>11/28/2012</b>	
101. PLACE OF DEATH <b>RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>2045 CHAPARRAL WAY</b>		104. CITY <b>STOCKTON</b>	
105. COUNTY <b>SAN JOAQUIN</b>		106. DEATH REPORTED TO CORONER? (AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator failure without showing the etiology. DO NOT ABBREVIATE. <b>(A) ACUTE HEMORRHAGIC STROKE</b>		108. DEATH REPORTED TO CORONER? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" 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 <b>NONE</b>	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.) <b>NO</b>		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/yyyy <b>11/10/2012</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>JAMES KIMBERLY SAFFIER M.D.</b>	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>JAMES KIMBERLY SAFFIER M.D. 3888 PACIFIC AVENUE, STOCKTON, CA 95204</b>		117. LICENSE NUMBER <b>G53151</b>	
118. DATE mm/dd/yyyy <b>11/20/2012</b>		117. DATE mm/dd/yyyy <b>11/28/2012</b>	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
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 mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			

STATE REGISTRAR A B C D E \*010001002207332\* FAX AUTH.# \*000636597\*

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS  
COUNTY OF SAN JOAQUIN }  
This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.  
DATE ISSUED: **JAN 04 2013**

*Karen Furst, MD*  
**KAREN FURST, MD, MPH**  
LOCAL REGISTRAR



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

