



# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Fresno

On 9-Feb-2016 before me, Rose M Lewis. Notary Public

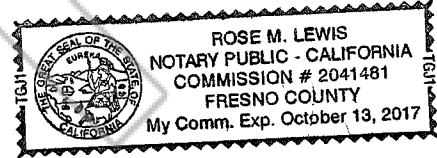
personally appeared Jeanette M Green

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Rose M. Lewis



## ADDITIONAL OPTIONAL INFORMATION

Description of the Attached Document:

Affidavit - Death of Joint Tenant

Number of Pages 2

Document Date 9-Feb-2016

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

**COUNTY of FRESNO**  
**DEPARTMENT OF PUBLIC HEALTH**  
**FRESNO, CALIFORNIA**

3052015171164

**CERTIFICATE OF DEATH**

3201510004557

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY - NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/05)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>FARRELL</b>		2. MIDDLE -		3. LAST (Family) <b>GREEN</b>			
AKA; ALSO KNOWN AS - Include full AKA, (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>07/27/1929</b>		5. AGE Yrs. <b>86</b>		IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>9267</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP: (at Time of Death) <b>MARRIED</b>	6. SEX <b>M</b>
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>HS GRADUATE</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>CAUCASIAN</b>		7. DATE OF DEATH mm/dd/yyyy <b>08/30/2015</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>FIREMAN</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>CITY OF FRESNO</b>				8. HOUR (24 Hours) <b>1855</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>6428 N. 6TH ST.</b>		21. CITY <b>FRESNO</b>		22. COUNTY/PROVINCE <b>FRESNO</b>		23. ZIP CODE <b>93710</b>	
24. YEARS IN COUNTY <b>86</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>		19. YEARS IN OCCUPATION <b>30</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>JEANETTE GREEN, WIFE</b>				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>6428 N. 6TH ST., FRESNO, CA 93710</b>			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>JEANETTE</b>		29. MIDDLE <b>MARIE</b>		30. LAST (BIRTH NAME) <b>CAETON</b>			
31. NAME OF FATHER/PARENT - FIRST <b>THEODORE</b>		32. MIDDLE -		33. LAST <b>GREEN</b>		34. BIRTH STATE <b>AR</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>MARY</b>		36. MIDDLE <b>LAVADA</b>		37. LAST (BIRTH NAME) <b>CAUDLE</b>		38. BIRTH STATE <b>MO</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>09/05/2015</b>		40. PLACE OF FINAL DISPOSITION <b>FRESNO MEMORIAL GARDENS</b> <b>175 S. CORNELIA, FRESNO, CA 93706</b>					
41. TYPE OF DISPOSITION(S) <b>BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>				43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT <b>WHITEHURST-SULLIVAN BURNS &amp; BLAIR FUNERAL HOME</b>		45. LICENSE NUMBER <b>FD1146</b>		46. SIGNATURE OF LOGAL REGISTRAR <b>KENNETH D BIRD, MD MPH</b>		47. DATE mm/dd/yyyy <b>09/03/2015</b>	
101. PLACE OF DEATH <b>SUNRISE ASSISTED LIVING</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY <b>FRESNO</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>7444 CEDAR AVE.</b>				106. CITY <b>FRESNO</b>	
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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>CHRONIC PULMONARY HEART DISEASE</b>		Time Interval Between Onset and Death (AT): <b>YRS</b>		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. <b>PROTEIN CALORIE MALNUTRITION</b>		(BT)		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
(C)		(CT)		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
(D)		(DT)		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>PROTEIN CALORIE MALNUTRITION</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: Decedent Last Seen Alive: (A) mm/dd/yyyy: (B) mm/dd/yyyy: <b>08/27/2015</b> <b>08/30/2015</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>GREGORY COPELAND D.O.</b>		116. LICENSE NUMBER <b>20A10829</b>		117. DATE mm/dd/yyyy <b>09/02/2015</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>GREGORY COPELAND D.O.</b> <b>6729 N. WILLOW AVE. SUITE 103, FRESNO, CA 93710.</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)		122. 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	FAX AUTH.#	CENSUS TRACT

**CERTIFIED COPY OF VITAL RECORDS**  
 STATE OF CALIFORNIA, COUNTY OF FRESNO

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Fresno Co. Department of Public Health.

\* 0 0 1 1 1 1 4 8 4 \*

**SEP 10 2015**

COUNTY HEALTH OFFICER  
 REGISTRAR OF VITAL STATISTICS

DATE ISSUED \_\_\_\_\_  
 This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**



**EXHIBIT "A"**

**(32)**

**An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20<sup>th</sup> interest in and to Lot 32 as shown on Tahoe Village Unit No. 3 - 13<sup>th</sup> Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 101 through 120 (inclusive) as shown on Tahoe Village Unit No. 3, Fifth Amended Map, recorded October 29, 1981, as Document No. 61612, as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661; and (B) Unit No. 107 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; 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, and as described in the Recitation of Easements Affecting the Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in Lots 31, 32 or 33 only, for one week each year in the Winter "Season" as defined in and in accordance with said Declarations.**

**A Portion of APN: 1319-30-722-007**