

A.P.N. No.:	1319-06-002-010
File No.:	1201283
Recording Requested By:	
Stewart Title Company	
Mail Tax Statements To:	<i>Same as below</i>
When Recorded Mail To:	
Donna M. Pineda	
1800 N Street	
Sacramento, CA 95811	

AFFIDAVIT - DEATH OF JOINT TENANT

State of NEVADA)
) ss
 County of WASHOE)

Donna M. Pineda, of legal age, being first duly sworn, deposes and says: That Ronald R. Pineda, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ronald R. Pineda named as one of the parties in that certain Quitclaim gift deed dated January 12, 1993 executed by Gladys Josephine Hamilton to Ronald R. Pineda and Donna M. Pineda, husband and wife as joint tenants, recorded as Document No. 1993-299555, on February 12, 1993 of Official Records of Douglas County Nevada, covering the following described property situated in Douglas County, State of Nevada.

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

The North 1/2 of the Southwest 1/4 of the Southwest 1/4 of the Southwest 1/4 of Section 6, Township 13 North, Range 19 East, M.D.B.&M.

NOTE: The above metes and bounds description appeared previously in that certain Deed recorded in the office of the County Recorder of Douglas County, Nevada on February 12, 1993, Book 293, Page 2228 as Document No. 299555 of Official Records.

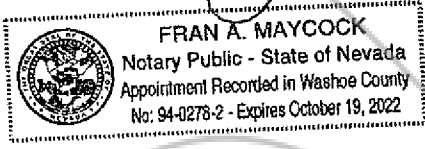
Dated: 4/26/2021, 2021.

Donna M Pineda
Donna M. Pineda

State of Nevada)
County of WASHOE) ss

This instrument was acknowledged before me on the 26th day of April, 2021
By: DONNA M PINEDA

Signature: [Signature]
Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

3052012031643

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

3201234001464

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) RONALD		2. MIDDLE RAYMOND	
3. LAST (Family) PINEDA		4. DATE OF BIRTH mm/dd/yyyy 06/18/1938	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs 73	
6. UNDER ONE YEAR Months: _____ Days: _____		7. IF UNDER 24 HOURS Hours: _____ Minutes: _____	
8. SEX M		9. BIRTH STATE/FOREIGN COUNTRY IL	
10. SOCIAL SECURITY NUMBER 8237		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARRIED STATUS/SRDP (at Time of Death) MARRIED		13. DATE OF DEATH mm/dd/yyyy 02/10/2012	
14. HOURS (24 Hours) 1531		15. EDUCATION - Highest Level/Degree (See worksheet on back) SOME COLLEGE	
16/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES MEXICAN AMERICAN		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <input type="checkbox"/> NO WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CIVIL SERVICE WORKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) FEDERAL GOVERNMENT	
19. YEARS IN OCCUPATION 35		20. DECEDENT'S RESIDENCE (Street and number, or location) 1800 N STREET	
21. CITY SACRAMENTO		22. COUNTY/PROVINCE SACRAMENTO	
23. ZIP CODE 95811		24. YEARS IN COUNTY 35	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP DONNA PINEDA, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1800 N STREET, SACRAMENTO, CA 95811		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST DONNA	
29. MIDDLE MAUREEN		30. LAST (BIRTH NAME) FLUET	
31. NAME OF FATHER/PARENT - FIRST MAX		32. MIDDLE -	
33. LAST PINEDA		34. BIRTH STATE MEXICO	
35. NAME OF MOTHER/PARENT - FIRST CATHERINE		36. MIDDLE -	
37. LAST (BIRTH NAME) MARTINEZ		38. BIRTH STATE IL	
39. DISPOSITION DATE mm/dd/yyyy 02/22/2012		40. PLACE OF FINAL DISPOSITION SACRAMENTO VALLEY NATIONAL CEMETERY	
41. TYPE OF DISPOSITIONS CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER FD1404		44. SIGNATURE OF LOCAL REGISTRAR OLIVIA KASIRYE, MD	
45. DATE mm/dd/yyyy 02/22/2012		46. PLACE OF DEATH SIDEWALK	
47. COUNTY SACRAMENTO		48. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 17TH STREET & N STREET	
49. CITY SACRAMENTO		50. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
51. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) HYPERTENSION		52. TIME FROM EXHIBIT DEPT. AND DEATH YRS	
53. SECONDARILY, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST DIABETES MELLITUS TYPE II, HYPOTHYROIDISM		54. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
55. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DIABETES MELLITUS TYPE II, HYPOTHYROIDISM		56. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
57. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		58. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
59. 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: _____		59. SIGNATURE AND TITLE OF CERTIFIER BERNARD L. ORMSBY D.O.	
60. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 2025 MORSE AVENUE, SACRAMENTO, CA 95825		60. LICENSE NUMBER: 61. DATE mm/dd/yyyy 20A10985 02/19/2012	
62. 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		62. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
63. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		63. INJURY DATE mm/dd/yyyy 64. HOUR (24 hours)	
64. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		64. SIGNATURE OF CORONER / DEPUTY CORONER	
65. LOCATION OF INJURY (Street and number, or location, and city, and zip)		65. DATE mm/dd/yyyy	
66. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		66. STATE REGISTRAR	
67. SIGNATURE OF CORONER / DEPUTY CORONER		67. FAX AUTH.#	
68. DATE mm/dd/yyyy		68. CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF SACRAMENTO



This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES. * 0 0 1 2 7 7 / 3 3 4 *

DATE ISSUED:

February 23, 2012

Olivia Kasirye MD

LOCAL REGISTRAR

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

(Rev. 1/12) ADN

