AFFIDAVIT TERMINATING JOINT TENANCY

59107

STATE OF CALIFORNIA) SS
County of Santa Clara)

I, JOSEPHINE CAGGIANO , residing at : 510 Auzerais Ave SanJose , Califoria
being dulysworn depose and say that : I am the wife of the late ROCCO CAGGIANO , mentioned in the enclosed Death Certificate , who died in SanJose California April 23rd 1972 and that : as the record shows , my late husband and I , have properties as "joint tenats " in the County of Eureka , State of Nevada describes as follow :

TOWNSHIP 30 NORTH , RANCE 48 EAST, M.D.B. & M.
Section 33 : South one-half of Northwest one -quarter of Northeast 1/4

and

"Lot 14 of Block 3, CRESCENT VALLEY RANCH & FARMS UNIT No. 1 , of File No. 34081.
(see Deeds copies attached

This Affidavit is made for the purpose of having , termination of Joint tenancy " of said properties .

Josephine Caggiano
Deponent

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 30th DAY OF JULY , 1974

OFFICIAL SEAL
DOMENIC CIRINCIONE, JR.
NOTARY PUBLIC-CALIFORNIA
SANTA CLARA COUNTY
My Commission Expires Oct. 1, 1977

1027 W. Taylor St., San Jose, Calif. 95125

P.S. If necessary : will you please mail me the necessary Forms and instructions to file for termination of joint tenancy .

thank you

J. C.

BOOK 49 PAGE 347

CERTIFICATE OF DEATH

STATE FILE NUMBER — STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 4300- 02160

DECEDENT PERSONAL DATA

- 1a. Name of deceased—first name: Rocco
- 1b. Middle name: --
- 1c. Last name: Caggiano
- 2a. Date of death: April 23, 1972
- 2b. Hour: 3:24 P.M.
- 3. Sex: Male
- 4. Color or race: White
- 5. Birthplace (state or foreign country): Italy
- 6. Date of birth: April 3, 1891
- 7. Age (last birthday): 81 years
- 8. Name and birthplace of father: Frank Caggiano / Italy
- 9. Maiden name and birthplace of mother: Teresa -- / Italy
- 10. Citizen of what country: U.S.A.
- 11. Social security number: [redacted]
- 12. Married, never married, widowed, divorced (specify): Married
- 13. Name of surviving spouse (if wife, enter maiden name): Josephine (Marasco)
- 14. Last occupation: Machinist
- 15. Number of years in this occupation: 18
- 16. Name of last employing company or firm: Kaiser Permanente Cement
- 17. Kind of industry or business: Cement

PLACE OF DEATH

- 18a. Place of death—name of hospital or other in-patient facility: San Jose Hospital
- 18b. Street address: 675 East Santa Clara
- 18c. Inside city corporate limits: Yes
- 18d. City or town: San Jose
- 18e. County: Santa Clara
- 18f. Length of stay in county of death: 64 years
- 18g. Length of stay in California: 64 years

USUAL RESIDENCE

- 19a. Usual residence—street address: 510 Auzerais Ave
- 19b. Inside city corporate limits: Yes
- 19c. City or town: San Jose
- 19d. County: Santa Clara
- 19e. State: California
- 20. Name and mailing address of informant: Spouse — Same

PHYSICIAN'S OR CORONER'S CERTIFICATION

- 21a. Coroner:
- 21b. Physician: From 11-19-59; To 4-21-72; Last seen alive 4-23-72
- 21c. Physician or coroner—signature and degree or title: John Watson M.D.
- 21d. Date signed: 4-24-72
- 21e. Address: John Watson, M.D. 25 No. 14th. St. San Jose, Ca.
- 21f. Physician's California license number: A15430

FUNERAL DIRECTOR AND LOCAL REGISTRAR

- 22a. Specify burial, entombment, or cremation: Entombment
- 22b. Date: 4/26/72
- 23. Name of cemetery or crematory: Santa Clara Catholic
- 24. Embalmer—signature / license number: Donald E. Jall 5787
- 25. Name of funeral director (or person acting as such): Lima Salmon Erickson
- 26. If not certified by coroner, was this death reported to coroner: No
- 27. Local registrar—signature: Wallwyn Turner MD
- 28. Date accepted for registration by local registrar: APR 24 1972

MEDICAL AND HEALTH DATA — CAUSE OF DEATH

29. Part I. Death was caused by: (enter only one cause per line for A, B, and C)

	Cause	Approximate interval between onset and death
Immediate cause (A)	Metastatic Carcinoma	6 mos
Due to, or as a consequence of (B)	Adenocarcinoma, left Colon	3 years
Due to, or as a consequence of (C)		

- 30. Part II: Other significant conditions—contributing to death but not related to the immediate cause given in Part I(A):
- 31. Was operation or biopsy performed for any condition in items 29 or 30? (Specify operation and/or biopsy): Left Colectomy
- 32a. Autopsy (specify yes or no): No
- 32b. If yes, were findings considered in determining cause of death:

INJURY INFORMATION

- 33. Specify accident, suicide or homicide:
- 34. Place of injury (specify home, farm, factory, street, office building, etc.):
- 35. Injury at work (specify yes or no):
- 36a. Date of injury—month, day, year:
- 36b. Hour: M.
- 37a. Place of injury (street and number or location and city or town):
- 37b. Distance from place of injury to usual residence, item 19: miles
- 38. Were laboratory tests done for drugs or toxic chemicals:
- 39. Were laboratory tests done for alcohol:
- 40. Describe how injury occurred (enter sequence of events which resulted in injury. Nature of injury should be entered in item 29):

STATE REGISTRAR: A. B. C. D. E. F.

RECORDED AT THE REQUEST OF Josephine Caggiano
August 26 1974 at 10 min. past 9 A.M.
in Book 49 of OFFICIAL RECORDS, page 347-348 RECORDS OF EUREKA COUNTY, NEVADA
[signature] Recorder
File No. 59107 Fee 4.00
59107
BOOK 49 PAGE 348

STATE OF CALIFORNIA } ss.
County of Santa Clara
GEORGE A. MANN, Recorder of the above entitled County, do hereby certify that the annexed is a full, true and correct copy of the original record in my office.
WITNESS my hand and official seal this day of August 1974
By Lillie M. Darny, Deputy
LILLIE M. DARNY