AFFIDAVIT TERMINATING JOINT TENANCY

59107

STATE OF CALIFORNIA) SS
County of Santa Clara)

I, JOSEPHINE CAGGIANO , resding 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. 2, 1977
1027 W. Taylor St., San Jose, Calif. 95125

Domenic Cirincione

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—MONTH, DAY, YEAR: 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
IF UNDER 1 YEAR: MONTHS, DAYS
IF UNDER 24 HOURS: HOURS, MINUTES
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 (IF SELF EMPLOYED SO STATE): 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—(STREET AND NUMBER, OR LOCATION): 675 East Santa Clara
18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): 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 (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 510 Auzerais Ave
19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
20. NAME AND MAILING ADDRESS OF INFORMANT: Spouse
19c. CITY OR TOWN: San Jose
19d. COUNTY: Santa Clara
19e. STATE: California
Same

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD OR THE REMAINS OF DECEASED AS REQUIRED BY LAW.
INVESTIGATION ON INQUEST
21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED.
FROM (ENTER MONTH, DAY, YEAR): 11-1959
TO (ENTER MONTH, DAY, YEAR): 4-24-72
AND LAST SAW THE DECEASED ALIVE (ENTER MONTH, DAY, YEAR): 4-23-72
21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: John W. Watson M.D.
21d. DATE SIGNED: 4-24-72
21e. ADDRESS: 25No.14th.St.San Jose,Ca.
21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: A154.30

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 (IF BODY EMBALMED) LICENSE NUMBER: Donald E. Jull 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? (SPECIFY YES OR NO): No
27. LOCAL REGISTRAR—SIGNATURE: Willough Lumer MD CL
28. DATE ACCEPTED FOR REGISTRATION BY: 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
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.
IMMEDIATE CAUSE (A): Metastatic Carcinoma — 6 mo
DUE TO, OR AS A CONSEQUENCE OF (B): Adenocarcinoma, left Colon — 3 years
DUE TO, OR AS A CONSEQUENCE OF (C):
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I
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? (SPECIFY YES OR NO)

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE
34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.) FREEWAY, HIGHWAY, STREET.
35. INJURY AT WORK (SPECIFY YES OR NO)
36a. DATE OF INJURY—MONTH, DAY, YEAR
36b. HOUR
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE. (ENTER IN MILES)
38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)
39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 50)

STATE REGISTRAR

A. B. C. D. E. F.

REV. 1-1-68 FORM VS-11

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

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 1 day of August 1974
By Lillie M. Darny