

63269

Name DONALD F. SALADINO
 Street 633 WEST CELESTE
 Address FRESNO, CALIFORNIA 93704
 City & State

MAIL TAX STATEMENTS TO
SAME AS ABOVE

Name _____
 Street _____
 Address _____
 City & State _____

-SPACE ABOVE THIS LINE FOR RECORDER'S USE-

Individual Client Disclosure
 SAME FORM FURNISHED BY TIGOR TITLE INSURERS

30 107164 (11 74)

ARN

() computed on full value of property conveyed, or
() computed on full value less value of liens and encumbrances remaining at time of sale.
() Unincorporated area: () City of _____ and _____

GERTRUDE SALADINO A WIDOW

the following described real property in the
County of **EUREKA** State of **CALIFORNIA** **NEVADA**

Dated **JUNE 20, 1977**

GERTRUDE SALADINO
by: Gene L. Saladino
GENE L. SALADINO, her attorney in
fact

STATE OF CALIFORNIA
(Attorney in Fact)

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STATE OF CALIFORNIA
COUNTY OF Alameda

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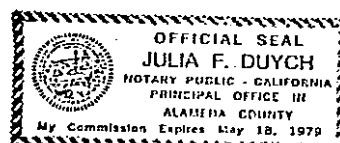
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On 6/29/77 before me, the undersigned, a Notary Public in and for said State,
personally appeared Gene L. Saladino
known to me to be the person whose name is subscribed to the within instrument, as the
Attorney in fact of Gertrude Saladino
and acknowledged to me that he subscribed the name
of Gertrude Saladino thereto as principal
and his own name as Attorney in fact.

WITNESS my hand and official seal,

Signature

Name (Typed or Printed)



BOOK 60 PAGE 158

BOOK
 (This area for official material only)

CERTIFICATE OF DEATH									
STATE OF CALIFORNIA—DEPARTMENT OF HEALTH OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS									
1008 3824									
STATE FILE NUMBER		1a. NAME OF DECEASED—FIRST NAME		1b. MIDDLE NAME		1c. LAST NAME		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		Lloyd		(NMN)		Saladino		2a. DATE OF DEATH—MONTH DAY YEAR	
		3. SEX		4. COLOR OR RACE		5. BIRTHPLACE		7. AGE	
		male		white		Italy		(72)	
DECEDENT PERSONAL DATA		8. NAME AND BIRTHPLACE OF FATHER		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER					
		John Saladino-Italy		Maria Cuva-Italy					
		10. CITIZEN OF WHAT COUNTRY		11. SOCIAL SECURITY NUMBER		12. MARITAL STATUS		13. NAME OF SURVIVING SPOUSE (IF WIFE ENTER MAIDEN NAME)	
		USA				married		Gertrude Young	
		14. LAST OCCUPATION		15. NUMBER OF YEARS IN THIS OCCUPATION		16. NAME OF LAST EMPLOYING COMPANY OR FIRM		17. KIND OF INDUSTRY OR BUSINESS	
		groceryman		50		Johnnie's Market		grocery store	
PLACE OF DEATH		18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INPATIENT FACILITY		18b. STREET ADDRESS—STREET AND NUMBER OR LOCATION		18c. COUNTY		18d. CITY OR TOWN	
		St Agnes Hospital		530 W Floradora		Fresno		Fresno	
		19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19b. CITY OR TOWN		19c. COUNTY		19d. STATE	
		524 W Brown		Fresno		Fresno		Calif	
USUAL RESIDENCE		20. NAME AND MAILING ADDRESS OF INFORMANT		21. DATE SIGNED		22. SIGNATURE OF CORONER		23. DATE OF DEATH	
		Gertrude Saladino		12-23-74		[Signature]		12-23-74	
		24. NAME OF FUNERAL DIRECTOR (FOR PERSON ACTING AS SUCH)		25. DATE OF DEATH		26. NAME OF CEMETERY OR CREMATORY		27. LOCAL REGISTRAR—SIGNATURE	
		Whitehurst Chapel		12/24/74		St Peter's Cemetery		[Signature]	
PHYSICIAN'S OR CORONER'S CERTIFICATION		28. PART I: DEATH WAS CAUSED BY:		29. PART II: OTHER SIGNIFICANT CONDITIONS—		30. PART III: OTHER SIGNIFICANT CONDITIONS—		31. PART IV: OTHER SIGNIFICANT CONDITIONS—	
		IMMEDIATE CAUSE (A)		INTERMEDIATE CAUSE (B)		TERMINAL CAUSE (C)		32. DATE OF DEATH	
		arteriosclerotic heart disease		arteriosclerotic heart disease		arteriosclerotic heart disease		12-23-74	
		33. SPECIFY ACCIDENT SUICIDE OR HOMICIDE		34. PLACE OF INJURY		35. INJURY AT WORK		36. DATE OF INJURY	
		37. PLACE OF INJURY		38. DATE OF INJURY		39. NAME OF INJURY		40. DESCRIBE HOW INJURY OCCURRED	
STATE REGISTRAR		A		B		C		D	
								108-37	

CERTIFICATE NUMBER 775-10718-6
 STATE OF CALIFORNIA - COUNTY OF FRESNO
 THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF THIS
 DOCUMENT, FILED AND/OR RECORDED IN THIS OFFICE
 ISSUED BY AUTHORITY OF SECTION 10575 OF CALIFORNIA HEALTH AND SAFETY CODE
 NOT A CERTIFIED (LEGAL) COPY WITHOUT A RAISED SEAL
 AND THE DEPUTY'S SIGNATURE IN RED INK

TREVOR D. GLENN, M. D., Local Registrar

Dated 4-3-75 SM Deputy Registrar

RECORDED AT THE REQUEST OF Title Insurance & Trust Co.
 on July 26, 1977, at 58 mins. past 10 A.M. in
 Book 60 of OFFICIAL RECORDS, page 158-159, RECORDS OF
 EUREKA COUNTY, NEVADA. WILLIS A. DePAOLI Recorder
 File No. 63269 Fee \$ 4.00

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