RECORDING REQUESTED BY

63269

AND WHEN RECORDED MAIL TO

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

MAIL TAX STATEMENTS TO

Name / Street Address / City & State:
SAME AS ABOVE

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Individual Grant Deed

THIS FORM FURNISHED BY TICOR TITLE INSURERS

TO 1823 CA (12-74)

A.P.N.

The undersigned grantor(s) declare(s):
Documentary transfer tax is $ n/a
( ) 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

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

GERTRUDE SALADINO, A WIDOW

hereby GRANT(S) to DONALD F. SALADINO AND ANNA SALADINO, HIS WIFE, AS JOINT TENANTS

the following described real property in the County of EUREKA, State of ~~California~~ NEVADA

THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 3, TOWNSHIP 31 NORTH, RANGE 48 EAST, M.D.B. & M., ACCORDING TO GOVERMENT SURVEY.

Dated JUNE 20, 1977

x Gertrude Saladino
GERTRUDE SALADINO
by; Gene L. Saladino
GENE L. SALADINO, her attorney in fact

STATE OF CALIFORNIA
(Attorney in Fact)) SS.

STATE OF CALIFORNIA
COUNTY OF Alameda) SS.

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 Julia F Duych

Julia F Duych
Name (Typed or Printed)

OFFICIAL SEAL
JULIA F. DUYCH
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
ALAMEDA COUNTY
My Commission Expires May 18, 1979

(This area for official notarial seal)

BOOK 60 PAGE 152

STAPLE HERE

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

STATE FILE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 1008 3824

DECEDENT PERSONAL DATA

Field	Entry
1a. Name of Deceased—First Name	Lloyd
1b. Middle Name	(NMN)
1c. Last Name	Saladino
2a. Date of Death	12/21/74
2b. Hour	7 p M
3. Sex	male
4. Color or Race	white
5. Birthplace	Italy
6. Date of Birth	7/14/02
7. Age	(72) years
8. Name and Birthplace of Father	John Saladino-Italy
9. Maiden Name and Birthplace of Mother	Maria Cuva-Italy
10. Citizen of What Country	USA
11. Social Security Number	[redacted]
12. Married, Never Married, Widowed, Divorced	married
13. Name of Surviving Spouse	Gertrude Young
14. Last Occupation	groceryman
15. Number of Years in This Occupation	50
16. Name of Last Employing Company or Firm	Johnnies Market
17. Kind of Industry or Business	grocery store

PLACE OF DEATH

Field	Entry
18a. Place of Death—Name of Hospital	St Agnes Hospital
18b. Street Address	530 W Floradora
18c. Inside City Corporate Limits	yes
18d. City or Town	Fresno
18e. County	Fresno
18f. Length of Stay in County of Death	52 years
18g. Length of Stay in State of California	52 years

USUAL RESIDENCE (If death occurred in institution enter residence before admission)

Field	Entry
19a. Usual Residence—Street Address	524 W Brown
19b. Inside City Corporate Limits	yes
19c. City or Town	Fresno
19d. County	Fresno
19e. State	Calif
20. Name and Mailing Address of Informant	Gertrude Saladino, 524 W Brown, Fresno, Calif

PHYSICIAN'S OR CORONER'S CERTIFICATION

Field	Entry
21b. Physician — attended deceased from / to / last saw alive	1964 / 12-21-74 / 12-21-74
21c. Physician or Coroner—Signature	[signature]
21d. Date Signed	12-23-74
21e. Address	Geo. O. Wolf M. D., 5151 N Palm Fresno, Ca
21f. Physician's License Number	G-1236

FUNERAL DIRECTOR AND LOCAL REGISTRAR

Field	Entry
22a. Specify Burial, Entombment or Cremation	burial
22b. Date	12/24/74
23. Name of Cemetery or Crematory	St Peter's Cemetery
24. Embalmer—Signature / License Number	Michael London [signature]
25. Name of Funeral Director	Whitehurst Chapel
26.	—
27. Local Registrar—Signature	Trevor D Glenn MD by [signature]
28. Date Accepted for Registration	DEC 28 1974

CAUSE OF DEATH

29. Part I. Death was caused by:

(A) Immediate cause: anterior septal myocardial infarction, [illegible]

(B) Due to or as a consequence of: arteriosclerosis

(C) Due to or as a consequence of:

Conditions if any which gave rise to the immediate cause (A), stating the underlying cause last: 410.9

30. Part II. Other significant conditions —

31. Was operation or biopsy performed: no

32a. Autopsy: no

INJURY INFORMATION

33. Specify accident, suicide or homicide — 34. Place of injury — 35. Injury at work — 36a. Date of injury — 36b. Hour — 37a. Place of injury — 37b. Distance from place of injury to usual residence — 38. — 39. — 40. Describe how injury occurred

STATE REGISTRAR

A. B. C. D. E. F. 108-37

CERTIFICATE NUMBER I75-10718-6
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 [signature] 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

63269

BOOK 60 PAGE 159