

AND WHEN RECORDED MAIL TO

Name GENE L. SALADINO  
 Street Address 3487 ARCADIAN DRIVE  
 City & State CASTRO VALLEY, CALIF. 94546

MAIL TAX STATEMENTS TO  
 Name SAME AS ABOVE  
 Street Address  
 City & State

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## Individual Grant Deed

THIS FORM FURNISHED BY TICOR TITLE INSURERS

A.P.N.

TO 1823 CA (12-74)

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 GENE L. SALADINO AND MARY A. SALADINO, HIS WIFE,  
 AS JOINT TENANTS

the following described real property in the

County of EUREKAState of NEVADA

NORTH WEST 1/4 OF NORTH WEST 1/4 SECTION 3 T 31 N R 48 E M.D.B.M AS  
PER GOVERNMENT SURVEY

RESERVING THEREFROM AN EASEMENT OF 30 FEET ALONG ALL BOUNDARIES FOR  
 INGRESS AND EGRESS, WITH POWER TO DEDICATE.

Dated JUNE 20, 1977

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

STATE OF CALIFORNIA  
 (Attorney in Fact)

} SS.

- the under-

STATE OF CALIFORNIA  
 COUNTY OF Alameda

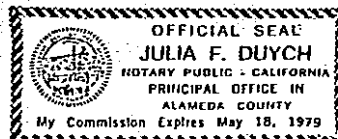
} SS.

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

Name (Typed or Printed)



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(This area for official notarial seal)

1. NAME OF DECEASED - FIRST NAME <b>Lloyd</b>		2. LAST NAME <b>Saladino</b>		3. DATE OF DEATH - MONTH DAY YEAR <b>12/27/74</b>	
4. SEX <b>male</b>		5. COLOR OF HAIR <b>white</b>		6. DATE OF BIRTH <b>7/14/02</b>	
7. PLACE OF BIRTH <b>Italy</b>		8. RACE <b>White</b>		9. AGE <b>(72)</b>	
10. NAME AND BIRTHPLACE OF FATHER <b>John Saladino-Italy</b>		11. NAME AND BIRTHPLACE OF MOTHER <b>Maria Cuva-Italy</b>		12. MARRIAGE STATUS <b>Married</b>	
13. COUNTRY OF BIRTH <b>USA</b>		14. SOCIAL SECURITY NUMBER <b>50</b>		15. NAME OF SURVIVING SPOUSE - IF DATA SOURCE FIRST <b>Gertrude Young</b>	
16. LAST OCCUPATION <b>groceryman</b>		17. NAME OF LAST EMPLOYER COMPANY OR FIRM <b>JENNIFER Market</b>		18. KIND OF INDUSTRY OR BUSINESS <b>grocery store</b>	
19. PLACE OF DEATH - NAME OF HOSPITAL OR OTHER INSTANT FACILITY <b>St Agnes Hospital</b>		20. STREET ADDRESS - NUMBER AND STREET OR LOCATION <b>530 W Floradora</b>		21. COUNTY <b>Fresno</b>	
22. CITY OR TOWN <b>Fresno</b>		23. STATE <b>Calif</b>		24. ZIP CODE <b>93721</b>	
25. USUAL RESIDENCE - STREET NUMBER THRU AND THRU OR LOCATION <b>524 W Brown</b>		26. NAME AND MAILING ADDRESS OF INFORMANT <b>Gertrude Saladino</b>		27. ADDRESS OF HOME OF INFORMANT <b>524 W Brown Fresno, Calif</b>	
28. CITY OR TOWN <b>Fresno</b>		29. STATE <b>Calif</b>		30. ZIP CODE <b>93721</b>	
31. PHYSICIAN'S OR CORONER'S CERTIFICATION <b>1964 12-27-74</b>		32. DATE SIGNED <b>12-23-74</b>		33. SIGNATURE OF PHYSICIAN OR CORONER <i>[Signature]</i>	
34. FUNERAL DIRECTOR AND LOCAL RESURTAIR <b>Whitehurst Chapel</b>		35. DATE OF BURIAL <b>12/24/74</b>		36. NAME OF CEMETERY OR CREMATORIUM <b>St Peter's Cemetery</b>	
37. NAME OF FUNERAL DIRECTOR <b>Whitehurst Chapel</b>		38. LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i>		39. LOCAL REGISTRAR - NAME <b>W. V. ...</b>	
40. CAUSE OF DEATH <b>arteriosclerosis</b>		41. MANNER OF DEATH <b>natural</b>		42. SIGNATURE OF REGISTRAR <i>[Signature]</i>	
43. PLACE OF BURIAL <b>St Peter's Cemetery</b>		44. DATE OF BURIAL <b>12/24/74</b>		45. SIGNATURE OF REGISTRAR <i>[Signature]</i>	
46. SIGNATURE OF REGISTRAR <i>[Signature]</i>		47. SIGNATURE OF REGISTRAR <i>[Signature]</i>		48. SIGNATURE OF REGISTRAR <i>[Signature]</i>	



STATE OF CALIFORNIA

COUNTY OF FRESNO

This is to certify that this is a true transcript copy of this document, recorded and/or filed in this office, as provided by law.

Dated **6-20-77**

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Galen Larson, County Recorder, By Deputy *[Signature]*

RECORDED AT THE REQUEST OF **Title Insurance & Trust Co.**  
on **July 26**, 19**77**, at **59** mins. past **10 A.M.** in  
Book **60** of OFFICIAL RECORDS, page **160-161**, RECORDS OF  
EUREKA COUNTY, NEVADA. WILLIS A. DePAOLI Recorder  
File No. **63270** Fee \$ **4.00**

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