

BOOK 433 PAGE 190-193
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Citywide Follow Service
2006 MAR 21 PM 1:01
EUREKA COUNTY, NEVADA
M.H. REBELEAU, RECORDER
FILE NO. FEES 17⁰⁰

APN 5-070-24

Recording Requested By:

203996

Name Mary Turi

Address 3255 N. Los Coyotes Diag.

City/State/Zip Long Beach, CA 90808

Affidavit-Death of Joint Tenant/Spouse
(Title of Document)

Please complete the cover page, check one of the following and sign below.

I the undersigned hereby affirm that this document submitted for recording does not contain a social security number.

OR

I the undersigned hereby affirm that this document submitted for recording contains a social security number of a person as required by law: 40.525 (Law).

Mary Turi
Signature

Record Office
Title

This page is added to provide additional information required by NRS 111.312 Sections 1-2.
(Additional recording fees applies)
This cover page must be typed or printed.

BOOK 433 PAGE 190

RECORDING REQUESTED BY
SAME AS BELOW
AND WHEN RECORDED MAIL TO:

MARY TURI
3255 N. LOS COYOTES DIAG.
LONG BEACH, CA 90808

Space Above This Line for Recorder's Use Only

A.P.N.: 5-070-24

Order No.:

Escrow No.:

AFFIDAVIT - DEATH OF JOINT TENANT/SPOUSE

STATE OF CALIFORNIA }
 } ss.
COUNTY OF ORANGE }

MARY TURI, of legal age, being first duly sworn, deposes and says:

That JOSEPH TURI, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOSEPH TURI named as one of the parties in that certain JOINT TENANCY GRANT DEED dated OCTOBER 17, 1979, executed by RUBY DALTON THOMAS, PRESIDENT to JOSEPH TURI AND MARY TURI, HUSBAND AND WIFE AS JOINT TENANTS, recorded as Instrument No. 70815, on OCTOBER 23, 1979, of Official Records of EUREKA county, NEVADA covering the following described property located in EUREKA County, State of Nevada:

Township 31 North, Range 48 East, M.D.B. & M, Section 35; SW 1/4 of Lot 11 (SW 1/4, SW 1/4, SW 1/4)



MARY TURI

Document Date February 7, 2006

(SEE ATTACHMENT FOR NOTARIZATION)

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Subscribed and Sworn to (or affirmed) before me the undersigned, a Notary Public in and
for said County and State, this 17th day of February, 2006

by Mary Turi

personally known to me or proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.

This area for official notarial seal

Witness my hand and official seal.



Signature Michelle Cook

My commission expires: 12.16.07

Notary name: Michelle Cook

Notary phone number: 562.799.1490

Commission number: 1456531

County of principal place of business: Orange, CA

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

CITY OF LONG BEACH
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LONG BEACH, CALIFORNIA

CERTIFICATE OF DEATH

1 NAME OF DECEDENT - FIRST NAME JOSEPH		2 MIDDLE -		3 LAST NAME TURI	
4 DATE OF BIRTH 01/19/1934		5 AGE 71		6 SEX M	
7 BIRTH STATE/PROVINCE/COUNTRY NJ		8 SOCIAL SECURITY NUMBER -2009		9 MARRIAGE STATUS MARRIED	
10 EDUCATION SOME COLLEGE		11 DECEASED RACE WHITE		12 DATE OF DEATH 11/07/2005	
13 OCCUPATION OWNER/OPERATOR		14 CONSTRUCTION		15 YEARS IN OCCUPATION 20	
16 USUAL RESIDENCE 3255 LOS COYOTES DIAGONAL		17 COUNTY LOS ANGELES		18 ZIP CODE 90608	
19 STATE/PROVINCE/COUNTRY CA		20 MARRIAGE ADDRESS 3255 LOS COYOTES DIAGONAL, LONG BEACH, CA 90608		21 MARRIAGE DATE -	
22 NAME OF SURVIVING SPOUSE - FIRST MARY		23 MIDDLE A.		24 LAST NAME GALLO	
25 NAME OF FATHER - FIRST PASQUALIE		26 MIDDLE -		27 LAST NAME TURI	
28 NAME OF MOTHER - FIRST LUCIA		29 MIDDLE -		30 LAST NAME CICCOLA	
31 DATE OF DEATH 11/11/2005		32 PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARK, 4471 LINCOLN AVE. CYPRESS, CA 90630			
33 TYPE OF DISPOSITION BU		34 SIGNATURE OF FURNISHER <i>Lisa Brant</i>		35 LICENSE NUMBER 8671	
36 NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MORTUARY, CYPRESS		37 LICENSE NUMBER FD-1051		38 SIGNATURE OF LOCAL REGISTRAR <i>David M. Sexton</i>	
39 PLACE OF DEATH RESIDENCE		40 FACILITY ADDRESS OR LOCATION WHERE FOUND 3255 LOS COYOTES DIAGONAL		41 CITY LONG BEACH	
42 CAUSE OF DEATH CARDIOPULMONARY ARREST		43 IMMEDIATE CAUSE PROFOUND ANEMIA		44 MEDICAL HISTORY METASTATIC PROSTATE CANCER	
45 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CORONARY ARTERY DISEASE		46 DATE OF PROSTATECTOMY 04/08/2003		47 SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> M.D.	
48 DATE OF CERTIFICATION 10/21/1999		49 SIGNATURE AND TITLE OF PHYSICIAN JOSE DE SOUZA, JR. 3460 KATELLA AVE. LOS ALAMITOS, CA 90720		50 LICENSE NUMBER G070687	
51 DATE OF DEATH 11/07/2005		52 HOUR OF DEATH -		53 PLACE OF DEATH -	
54 HOW DEATH OCCURRED -		55 LOCATION OF DEATH -		56 SIGNATURE OF CORONER -	
57 DATE OF CORONER -		58 TITLE OF CORONER -		59 STATE CA	

203996

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CERTIFIED COPY OF VITAL RECORDS *000285558*

STATE OF CALIFORNIA
CITY OF LONG BEACH

SS DATE ISSUED NOV 09 2005

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES.

David M. Sexton, M.D.
DARRYL M. SEXTON, M.D.
CITY HEALTH OFFICER
REGISTRAR OF VITAL RECORDS

This copy not valid unless prepared on engraved border displaying seal and signature of the Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE