

EUREKA COUNTY, NV  
Rec: \$35.00  
Total: \$35.00  
D'ANGELO LAW INC

**2019-238674**  
**05/22/2019 01:52 PM**  
Pgs=3

**RECORDING REQUESTED BY:**  
Alma Delos Santos Mendoza  
2434 S. Neary Lane  
Tracy, CA 95376



LISA HOEHNE, CLERK RECORDER

**When Recorded Mail Document  
And Tax Statement to:**  
SAME AS ABOVE

APN: 003-194-01

**AFFIDAVIT-DEATH OF CO-TRUSTEE  
By Surviving Spouse - Co-Trustee**

State of California                     )  
  ) ss.  
County of San Joaquin                )

ALMA M. MENDOZA, of legal age, being first duly sworn, deposes and says: That MANUEL A. MENDOZA, SR., the decedent mentioned in the attached CERTIFIED COPY of CERTIFICATE OF DEATH, is the same person as MANUEL A. MENDOZA, SR. named as one of the Trustees under that certain QUIT CLAIM DEED with document # 0224878 recorded on 20 September 2013 and dated 16 September 2013.

The real property in the County of Eureka, State of Nevada, bounded and described as follows:

**NEVELCO UNIT 1 LOT # 42, CONSISTING OF 9.11 +/- ACRES, BEING LOCATED IN  
EUREKA COUNTY, NEVADA**

Also Known as: Vacant Land, Nevelco Unit 1, Lot 42

APN: 003-194-01

SEE ATTACHED CERTIFICATE OF DEATH

Alma M. Mendoza  
**ALMA M. MENDOZA**

05-03-19  
**DATE**

**A notary public or other officer completing this certification verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.**

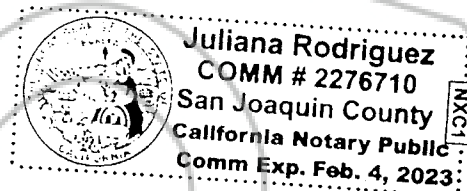
State of California )

County of San Joaquin )

Subscribed and sworn to (or affirmed) before me on this 31<sup>st</sup> day of May 2019, by  
Mma M. Mendoza, proved to me on the basis of

satisfactory evidence to be the person who appeared before me.

Juliana Rodriguez  
Notary Public



STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY

PUBLIC HEALTH SERVICES  
STOCKTON, CALIFORNIA

3052013183417

CERTIFICATE OF DEATH

3201339003424

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 5/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
MANUEL		ANTONIO		MENDOZA	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX	
08/29/1947		66		M	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)		9. MINUTE	
09/28/2013		0510			
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION - highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
BACHELOR		<input checked="" type="checkbox"/> YES PERUVIAN <input type="checkbox"/> NO		WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
INSURANCE AGENT		INSURANCE		38	
20. DECEDENT'S RESIDENCE (Street and number, or location)					
30773 SOUTH TRACY BOULEVARD					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
TRACY		SAN JOAQUIN		95377	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
2		CA			
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
ALMA D. MENDOZA, WIFE		30773 SOUTH TRACY BOULEVARD, TRACY, CA 95377			
28. NAME OF SURVIVING SPOUSE/SPOB - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
ALMA		D.		MANGAMPO	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
LUIS		ANTONIO		MENDOZA SR	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	
PERU		GAETANA		PATERNA	
37. BIRTH STATE		38. BIRTH STATE		39. BIRTH STATE	
SICILY		SICILY		SICILY	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)	
10/04/2013		HOLY CROSS CEMETERY 1500 MISSION ROAD, COLMA, CA 94014		BU	
42. NAME OF FUNERAL ESTABLISHMENT		43. LICENSE NUMBER		44. SIGNATURE OF LOCAL REGISTRAR	
HALSTED-N GRAY-CAREW & ENGLISH INC		FD834		KAREN FURST, MD	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
EMB8739		KAREN FURST, MD		10/02/2013	
101. PLACE OF DEATH		102. IF HOSPITAL - SPECIFY ONE		103. IF OTHER THAN HOSPITAL - SPECIFY ONE	
OWN RESIDENCE		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
SAN JOAQUIN		30773 SOUTH TRACY BOULEVARD		TRACY	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. BIOPSY PERFORMED?	
(A) ACUTE LIVER FAILURE		3 WKS		2013-2021	
(B) METASTATIC HEPATOCELLULAR CARCINOMA		1 YR		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
(C) HEPATITIS C		12 YRS		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(D) CIRRHOSIS		12 YRS		YES <input type="checkbox"/> NO <input type="checkbox"/>	
110. USED IN DETERMINING CAUSE?		111. USED IN DETERMINING CAUSE?		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107	
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		NONE	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date)		114. IF FEMALE, PREGNANT IN LAST YEAR?		115. SIGNATURE AND TITLE OF CERTIFIER	
LAPAROSCOPIC LYMPH NODE BIOPSY 03/25/2013		YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>		GARY LEE CHAN M.D.	
116. LICENSE NUMBER		117. DATE mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
G34576		10/02/2013		GARY LEE CHAN M.D. 909 HYDE ST STE 210, SAN FRANCISCO, CA 94109	
119. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
Decedent Attended Since Decedent Last Seen Alive		YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>		122. HOUR (24 Hours)	
(A) mm/dd/yyyy (B) mm/dd/yyyy					
02/25/2011 09/28/2013					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and zip)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	0	1	2	3	4	5	6	7	8	9	*	0	1	2	3	4	5	6	7	8	9	*
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CERTIFIED COPY OF VITAL RECORDS

\*600659722\*

STATE OF CALIFORNIA }  
COUNTY OF SAN JOAQUIN } SS

This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.

DATE ISSUED: OCT 07 2013

Karen Furst, MD  
KAREN FURST, MD, MPH  
LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE