

**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 )  
County of San Joaquin ) ss.

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**

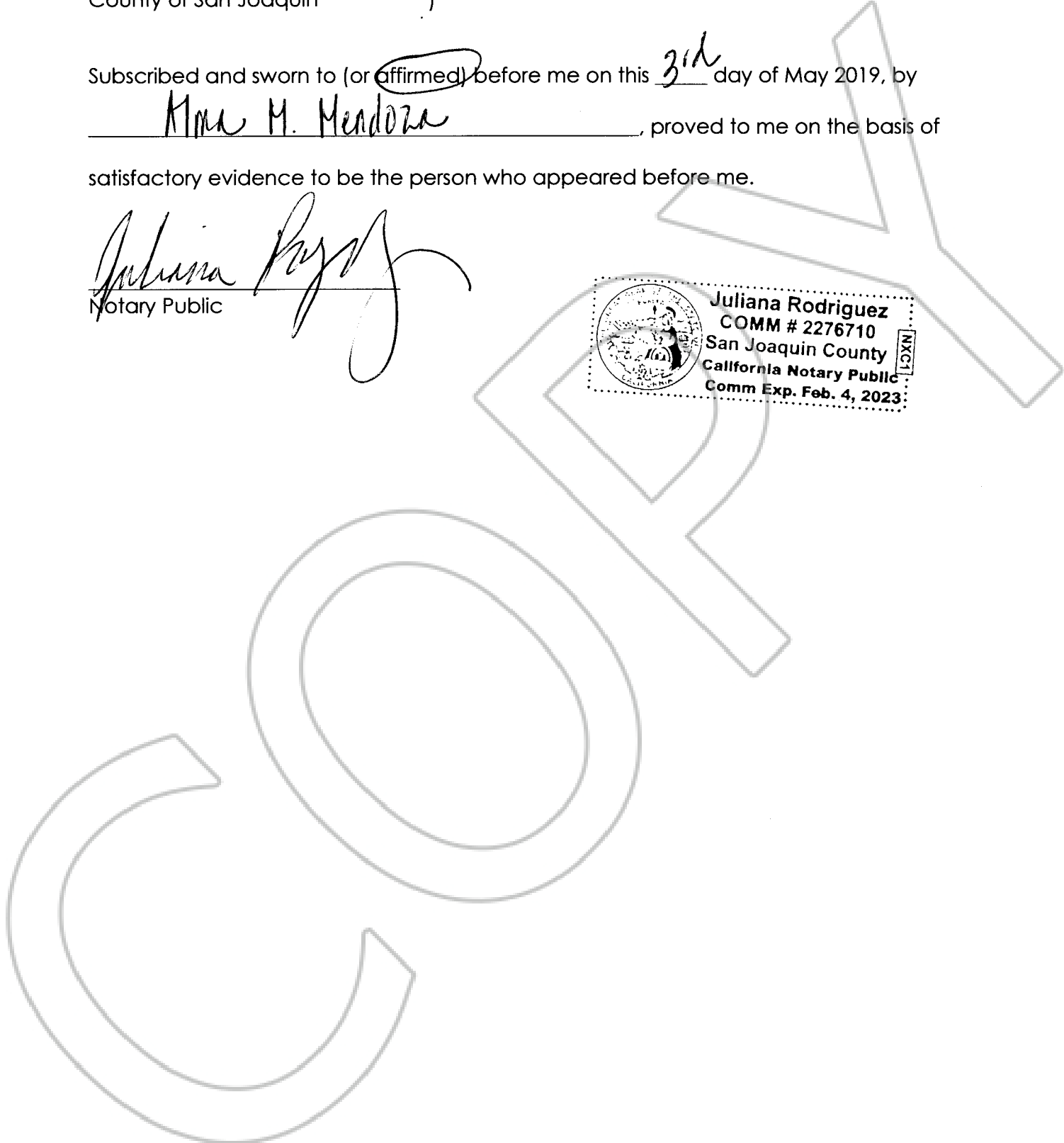
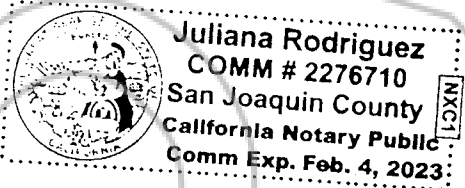
05-03-19  
**DATE**

**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 Mme 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		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (S-1 (REV. 3/03))				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		
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SP* (at Time of Death)	
MA				<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)		7. DATE OF DEATH - mm/dd/yyyy	
BACHELOR		<input checked="" type="checkbox"/> YES PERUVIAN		<input type="checkbox"/> NO		09/28/2013	
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		25. STATE/FOREIGN COUNTRY	
TRACY		SAN JOAQUIN		95377		CA	
28. 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/SPOP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)			
ALMA		D.		MANGAMPO			
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
LUIS		ANTONIO		MENDOZA SR		PERU	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE		37. LAST (BIRTH NAME)		38. BIRTH STATE	
GAETANA				PATERNA		SICILY	
39. DISPOSITION DATE - mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION (e.g., HOLY CROSS CEMETERY)					
10/04/2013		1500 MISSION ROAD, COLMA, CA 94014					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF BURIALMER		43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
BU		GRAHAM RILEY		EMB8739		HALSTED-N GRAY-CAREW & ENGLISH	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE - mm/dd/yyyy		48. NAME OF LOCAL REGISTRAR	
FD834		KAREN FURST, MD		10/02/2013		INC	
101. PLACE OF DEATH							
OWN RESIDENCE							
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							
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter incidental events such as cardiac arrest, respiratory arrest, or ventilator dislodgment without showing the cause. DO NOT ABBREVIATE.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)						Time Interval Between (Start and Death)	
(A) ACUTE LIVER FAILURE						3 WKS	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST						108. DEATH REPORTED TO CORONER?	
(B) METASTATIC HEPATOCELLULAR CARCINOMA						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(C) HEPATITIS C						109. BIOPSY PERFORMED?	
(D) CIRRHOSIS						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED?						111. USED IN DETERMINING CAUSE?	
12 YRS						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12 YRS						<input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107							
NONE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)							
LAPAROSCOPIC LYMPH NODE BIOPSY 03/25/2013							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.							
Decedent Attended Since		Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
(A) mm/dd/yyyy		(B) mm/dd/yyyy		GARY LEE CHAN M.D.		G34576	
02/25/2011		09/28/2013		117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE - mm/dd/yyyy	
				GARY LEE CHAN M.D.		10/02/2013	
				909 HYDE ST STE 210, SAN FRANCISCO, CA 94109			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.							
MANNER OF DEATH		120. INJURED AT WORK?		121. INJURY DATE - mm/dd/yyyy		122. HOUR (24 Hours)	
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
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  FAX AUTH.#  \*000659722\*

CERTIFIED COPY OF VITAL RECORDS

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.

MIDWEST BANK NOTE COMPANY ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

