

Item #22
11-5-2019

JANUARY 11, 1978

RECORDING REQUESTED BY **11010**

AND WHEN RECORDED MAIL TO

Rafael Vasquez
4821 W. Santa Ana
Fresno, Ca. 93711

RECORDED IN OFFICIAL RECORDS OF
FRESNO COUNTY, CALIFORNIA
JAN 31 1978
COUNTY CLERK
COUNTY RECORDER

BOOK 6962 PAGE 588

SPACE ABOVE THIS LINE FOR RECORDER'S USE

as above

DOCUMENTARY TRANSFER TAX \$ none
Computed On Full Value Of Property Conveyed
Or Cost of the Property Less Item And
Exemption Applying To Use Of Sale
Rafael Vasquez
Signature of Person or Agent delivering Tax
Plus Value

Grant Deed D.T.T.S. none

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

RAFAEL VASQUEZ and ROSA VASQUEZ, Husband and Wife,

hereby GRANT(S) to **SALLY V. SANCHEZ, a Married Woman as her separate property, LUIS V. VARELA, a Married Woman as her separate property, LERA V. FLORES, a Married Woman as her separate property & ANGELINA V. NAVARRO, a Married Woman as her separate property**

the following described real property in the
County of Fresno, State of California:

Commencing 200' South of the Northeast corner of Lot 10, De Witt Colony, according to the map recorded May 25, 1891, Book 4, page 72 of Plats, Fresno County Records; thence, Southerly along the East line of said Lot a distance of 199.80 feet; thence, Westerly parallel with the North line of said Lot 10; thence, 130.00 feet; thence Northerly, parallel with the East line of said Lot, 359.80 feet to a point on the North line of Lot 10; thence, Easterly 70.80 feet along the North line of said lot; thence Southerly 200.00 feet; thence Easterly 50.00 feet to the point of beginning;

EXCEPTING AND RESERVING unto the Grantors herein, a life estate in and to the above described property for and during the term of their natural lives.

This deed is made to correct the description of a previous deed dated January 6, 1978, and recorded January 11, 1978 as Document #3562, in Book 6950, Page 389.

Dated January 27, 1978

STATE OF CALIFORNIA }
COUNTY OF Fresno } ss.
On January 27, 1978 before me, the undersigned, a Notary Public in and for said State, personally appeared Rafael Vasquez and Rosa Vasquez
known to me to be the persons whose names are subscribed to the within instrument and acknowledged that they executed the same.
WITNESS my hand and official seal.

Signature: *Hurlen G. Harvey*
Hurlen G. Harvey
Notary (Typed or Printed)

OFFICIAL SEAL
HURLEN G. HARVEY
NOTARY PUBLIC - CALIFORNIA
NOTARY BOND FILED IN
FRESNO COUNTY
My Commission Expires October 24, 1980

Title Order No. _____ Encrow or Loan No. _____

MAY TAX STATEMENTS AS DIRECTED ABOVE

19th October 1976

FRESNO COUNTY RECORDERS OFFICE

RECORDING REQUESTED BY

AND WHEN RECEIVED MAIL TO

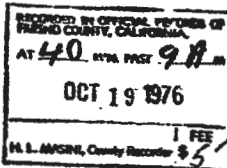
Rafael Vasquez
4613 West Santa Ana
Fresno, California 93711

AND THE DEEDER TO

Same as above

92742

DED 6676 REC 469



SPACE ABOVE THIS LINE FOR RECORDER'S USE

Individual Grant Deed

TO 1962 CA (12-74)

THIS FORM FURNISHED BY TIDOR TITLE INSURERS

A. P. H.

The undersigned grantor(s) declare(s):

Documentary transfer tax is \$ 0.00

- () 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,

TRINIDAD SANCHEZ and SALLY SANCHEZ, Husband and Wife

hereby GRANT(S) to

RAFAEL VASQUEZ and ROSA VASQUEZ,
Husband and Wife, as Joint Tenants.

the following described real property in the

County of Fresno, State of California:

See exhibit "A" attached hereto and made a part
hereof

Dated October 1, 1976

Trinidad Sanchez
Trinidad Sanchez

STATE OF CALIFORNIA

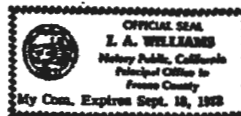
COUNTY OF Fresno

On October 18, 1976 before me, the undersigned, a Notary Public in and for said State, personally appeared Sally Sanchez

_____ known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.
WITNESS my hand and official seal.

Signature

I. A. Williams



(This area for official printed text)

Title Order No. _____

Folio or Leaf No. _____

MAIL TAX STATEMENTS AS DIRECTED ABOVE

FRESNO COUNTY RECORDERS OFFICE

19th October 1978

VS 1044 CA (2-74)
(Individual)

STATE OF CALIFORNIA

COUNTY OF FRESNO

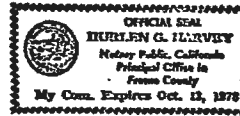
On Oct 17, 1978

before me, the undersigned, a Notary Public in and for said State, personally appeared Trinidad Sanchez

known to me
to be the person whose name is subscribed
to the within instrument and acknowledged that he
executed the same.

WITNESS my hand and official seal.

Signature Hubert H. Harvey



(This area for official material only)

6676 INCL 470

19th October 1976

EXHIBIT "A"

6676 PAGE 471

FRESNO COUNTY RECORDERS OFFICE

COMMENCING at the Northeast corner of Lot 10, DeWitt Colony, according to the map recorded May 25, 1891, Book 4 page 72 of Plats, Fresno County Records; thence Southerly along the East line of said lot a distance of 200.00 feet to the point of Beginning; thence continuing Southerly along the East line of said lot, a distance of 159.80 feet; thence Westerly parallel with the North line of Lot 10, 130.00 feet; thence Northerly parallel with the East line of said lot 359.80 feet to a point on the North line of said Lot 10; thence Easterly 70.00 feet along the North line of said lot; thence Southerly 200.00 feet; thence Easterly 60.00 feet to the point of beginning.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO

FRESNO, CALIFORNIA

CERTIFICATE OF DEATH 3199610 004466

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST (GIVEN)		3. LAST (FAMILY)	
Sally		Sanchez	
4. DATE OF BIRTH MM/DD/CCYY		7. DATE OF DEATH MM/DD/CCYY	
10/13/1925		10/21/1996	
5. AGE YRS.		8. SEX	
71		F	
9. STATE OF BIRTH		12. MARITAL STATUS	
CA		Mar	
10. SOCIAL SECURITY NO.		13. EDUCATION—YEARS COMPLETED	
[REDACTED]		8	
14. RACE		16. USUAL EMPLOYER	
Cau		Self	
17. OCCUPATION		19. YEARS IN OCCUPATION	
Homemaker		55	
18. KIND OF BUSINESS			
Own Home			
20. RESIDENCE—STREET AND NUMBER OR LOCATION			
4613 W. Santa Ana			
21. CITY		22. COUNTY	23. ZIP CODE
Fresno		Fresno	93722
24. TNS IN COUNTY		25. STATE OR FOREIGN COUNTRY	
71		CA	
26. NAME, RELATIONSHIP			
Paul Sanchez-Son			
27. MAILING ADDRESS STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP			
703 Music #107, Clovis, CA 93612			
28. NAME OF SURVIVING SPOUSE—FIRST		30. LAST SURVIVING NAME	
Trinidad		Sanchez	
31. NAME OF FATHER—FIRST		32. LAST	
Rafael		Vasquez	
33. NAME OF MOTHER—FIRST		34. BIRTH STATE	
Rosa		HX	
35. NAME OF FATHER—LAST		36. BIRTH STATE	
Rosa		AZ	
37. DATE MM/DD/CCYY		40. PLACE OF FINAL DISPOSITION	
10/24/1996		St. Peters Cemetery, Fresno, CA	
41. TYPE OF DISPOSITION		42. SIGNATURE OF REGISTRAR	
BU		[Signature]	
43. NAME OF FUNERAL DIRECTOR		44. SIGNATURE OF LOCAL REGISTRAR	
Lisle Funeral Home		[Signature]	
45. LICENSE NO.		46. DATE MM/DD/CCYY	
FD-176		10/23/1996	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
Residence		[] IF [] BR/OP [] OCA [] CHIL. HOSP. [] HSL. [] OTHER	
103. STREET ADDRESS—STREET AND NUMBER OR LOCATION		104. COUNTY	
4613 W. Santa Anna		Fresno	
105. CITY		106. DEATH REPORTED TO CORONER	
Fresno		[] YES [] NO	
107. DEATH WAS CAUSED BY: (SEE INSTRUCTIONS FOR LINE 107 FOR A, B, C, AND D)		108. DEATH REPORTED TO CORONER	
IMMEDIATE CAUSE (A) Congestive Heart Failure		[] YES [] NO	
DUE TO (B) Ischemia Heart Disease		[] YES [] NO	
DUE TO (C)		[] YES [] NO	
DUE TO (D)		[] YES [] NO	
109. OTHER ESSENTIAL CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107			
Diabetes and Renal failure			
110. WAS OPERATION PERFORMED FOR ANY CONDITION IN LINE 107 OR 109? IF YES, LIST TYPE OF OPERATION AND DATE.			
None			
111. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.		112. SIGNATURE AND TITLE OF PHYSICIAN	
DECEASED ATTENDED SINCE: MM/DD/CCYY		113. LICENSE NO.	
10/10/1996		G035213	
DECEASED LAST SEEN ALIVE: MM/DD/CCYY		114. DATE MM/DD/CCYY	
10/18/1996		10/22/1996	
115. MANNER OF DEATH		116. SIGNATURE OF PHYSICIAN	
[] NATURAL [] SUICIDE [] HOMICIDE		[Signature]	
[] ACCIDENT [] HUNGRY [] DROWNING		[Signature]	
[] OTHER		[Signature]	
117. LOCATION STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE			
118. SIGNATURE OF CORONER OR DEPUTY CORONER			
119. DATE MM/DD/CCYY			
120. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
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402. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
403. DATE MM/DD/CCYY			
404. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
405. DATE MM/DD/CCYY			
406. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
407. DATE MM/DD/CCYY			
408. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
409. DATE MM/DD/CCYY			
410. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
411. DATE MM/DD/CCYY			
412. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
413. DATE MM/DD/CCYY			
414. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
415. DATE MM/DD/CCYY			
416. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
417. DATE MM/DD/CCYY			
418. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
419. DATE MM/DD/CCYY			
420. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
421. DATE MM/DD/CCYY			
422. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			

REGISTRATION
DISTRICT NO.REGISTRAR'S
NUMBER

54

CERTIFICATE OF LIVE BIRTH

STATE
FILE NO.THIS CHILD
(TYPE OR
PRINT NAME)1a. CHILD'S FIRST NAME
Richard1b. MIDDLE NAME
Edward1c. LAST NAME
Sanchez.

2. SEX

3a. THIS BIRTH: SINGLE, TWIN, OR TRIPLET?

3b. IF TWIN OR TRIPLET: THIS CHILD BORN 1ST, 2ND, 3RD?

4a. DATE OF BIRTH—MONTH, DAY, YEAR

4b. MOY?

male

single

Jan 7, 1950

2:104

PLACE
OF
BIRTH

5a. PLACE OF BIRTH—CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN)

5b. COUNTY

Fresno

Fresno

5c. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION—(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

St. Agnes Hospital

USUAL
RESIDENCE
OF
MOTHER

6a. RESIDENCE OF MOTHER—STREET ADDRESS (IF RURAL, GIVE LOCATION)

Route 13, Box 635

6b. COUNTY

Fresno

6c. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN)

Rural - Fresno

6d. STATE
CaliforniaMOTHER
OF
CHILD

7a. MOTHER'S NAME—FIRST NAME

7b. MIDDLE NAME

7c. LAST NAME

8. COLOR OR RACE OF MOTHER

Sally

Marie

Vasquez

white

9. AGE OF MOTHER (AT TIME OF THIS BIRTH)

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)

11. MAILING ADDRESS OF MOTHER (IF DIFFERENT FROM USUAL RESIDENCE)

24

California

12a. NAME OF FATHER—FIRST NAME

12b. MIDDLE NAME

12c. LAST NAME

13. COLOR OR RACE OF FATHER

Trinidad

Russell

Sanchez

white

14. AGE OF FATHER (AT TIME OF THIS BIRTH)

15. BIRTHPLACE (STATE OR FOREIGN COUNTRY)

16a. USUAL OCCUPATION

16b. KIND OF BUSINESS OR INDUSTRY

27

California

Truckman

United Grocers

INFORMANT'S
CERTIFICATION

1. HEREBY CERTIFY THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

17a. SIGNATURE OF PARENT OR OTHER INFORMANT

17b. DATE SIGNED

17c. ADDRESS

ATTENDANT'S
CERTIFICATION

1. HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR AND DATE STATED ABOVE

18a. SIGNATURE OF ATTENDANT

18b. ADDRESS

18c. DATE SIGNED

REGISTRAR'S
CERTIFICATION

19. DATE RECEIVED BY LOCAL REGISTRAR

20. SIGNATURE OF LOCAL REGISTRAR

21. DATE ON WHICH GIVEN NAME ADDED

JAN 11 50

W. J. [Signature]

Jan. 7, 1950

LEAVE BLANK
(ADDED AFTER FILING)

22a. HOW MANY OTHER CHILDREN ARE NOW LIVING?

22b. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD?

22c. HOW MANY CHILDREN WERE STILLBORN (BORN DEAD AFTER 20 WEEKS PREGNANCY)?

23a. LENGTH OF PREGNANCY

23b. WEIGHT AT BIRTH

24a. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

36

7

0

0

24b. STATE ANY OPERATION FOR DELIVERY

24c. DESCRIBE ANY CONGENITAL MALFORMATIONS

24d. WAS PROPHYLACTIC DRUG USED IN BABY'S EYES?

IF YES, STATE DRUG

24e. DESCRIBE ANY BIRTH INJURY

24f. IF YES, STATE DRUG

24g. IF NOT, WHY NOT?

silver nitrate 1%

25a. WAS A SEROLOGICAL TEST FOR SYPHILIS MADE IN THE MOTHER?

25b. IF SO, AT WHAT MONTH OF PREGNANCY?

25c. IF NOT, WHY NOT?

25 YES NO

2 mon.

STATE OF CALIFORNIA

REV. 1-1-50
FORM P. D. S. 10

DEPARTMENT OF PUBLIC HEALTH

STATE OF CALIFORNIA
COUNTY OF FRESNO
THIS IS TO CERTIFY THAT THIS IS A TRUE TRANSCRIPT COPY OF THIS DOCUMENT,
FILED AND/OR RECORDED IN THIS OFFICE, AS PROVIDED BY LAW.
J. L. BROWN, COUNTY RECORDER
DEPUTYDATED
June 28, 1966
O. J. Dodson
DEPUTY

CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO

FRESNO, CALIFORNIA

REGISTRATION
DISTRICT NO.

1001

REGISTRAR
NUMBER

2216

CERTIFICATE OF LIVE BIRTH

STATE
FILE NO.

THIS CHILD (TYPE OR PRINT NAME)	1a. CHILD'S FIRST NAME Paul		1b. MIDDLE NAME John		1c. LAST NAME Sanchez.	
	2. SEX male	3a. THIS BIRTH SINGLE, TWIN, OR TRIPLET? single	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD? —		4a. DATE OF BIRTH—MONTH, DAY, YEAR April 28, 1951	4b. HOUR 9:47P
PLACE OF BIRTH	5a. PLACE OF BIRTH—CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN) Fresno					5b. COUNTY Fresno
	5c. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION—(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) St. Agnes Hospital					
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	6a. RESIDENCE OF MOTHER—STREET ADDRESS (IF RURAL, GIVE LOCATION) Corner of Boullard & West Ave..					6b. COUNTY Fresno
	6c. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN) Fresno					6d. STATE California
MOTHER OF CHILD	7a. MAIDEN NAME OF MOTHER—FIRST NAME Sally	7b. MIDDLE NAME Marie	7c. LAST NAME Vasquez.		8. COLOR OR RACE OF MOTHER white.	
	9. AGE OF MOTHER (AT TIME OF THIS BIRTH) 25 YEARS	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California.		11. MAILING ADDRESS OF MOTHER (IF DIFFERENT FROM USUAL RESIDENCE) Route 13, Box 635, Fresno		
FATHER OF CHILD	12a. NAME OF FATHER—FIRST NAME Trinidad	12b. MIDDLE NAME Russell	12c. LAST NAME Sanchez/		13. COLOR OR RACE OF FATHER white.	
	14. AGE OF FATHER (AT TIME OF THIS BIRTH) 27 YEARS	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Fresno		16a. USUAL OCCUPATION warehouseman		16b. KIND OF BUSINESS OR INDUSTRY United Grocery.
INFORMANT'S CERTIFICATION	I HEREBY CERTIFY THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		17a. SIGNATURE OF PARENT OR OTHER INFORMANT Sally Marie Vasquez		☒ PARENT ☐ OTHER, SPECIFY	17b. DATE SIGNED April 29, 1951
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR AND DATE STATED ABOVE.		18a. SIGNATURE OF ATTENDANT Dr. Chung M D		☐ FREE OR PAID	18b. ADDRESS Fresno
REGISTRAR'S CERTIFICATION	19. DATE RECEIVED BY LOCAL REGISTRAR MAY 1 1951		20. SIGNATURE OF LOCAL REGISTRAR Paul Dictos		21. DATE ON WHICH GIVEN NAME ADDED	
LEAVE BLANK (ADDED AFTER FILING)						

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF FRESNO

DATE ISSUED

MAY 12 2011

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PSNCO (Rev) 12/10



Paul Dictos
PAUL DICTOS, C.P.A.
COUNTY RECORDER



COUNTY of FRESNO

FRESNO, CALIFORNIA

2084

STATE FILE No.		CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH		REGISTRATION DISTRICT No. 1001		REGISTRAR'S NUMBER	
THIS CHILD (TYPE OR PRINT NAME)	1a. CHILD'S FIRST NAME Randolph	1b. MIDDLE NAME —	1c. LAST NAME Sanchez				
	2. SEX Male	3a. THIS BIRTH, SINGLE, TWIN, OR TRIPLET Single	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD —	4a. DATE OF BIRTH—MONTH, DAY, YEAR April 19, 1954	4b. HOUR 7:18P		
PLACE OF BIRTH	5a. COUNTY Fresno	5b. CITY OR TOWN Fresno		☐ OUTSIDE COMPO- SITE LIMITS ☒ INSIDE COMPO- SITE LIMITS			
	5c. FULL NAME OF HOSPITAL OR INSTITUTION Fresno Community Hospital		5d. ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P.O. BOX NUMBERS) Fresno 1, California				
USUAL RESIDENCE OF MOTHER	6a. STATE Calif.	6b. COUNTY Fresno	6c. CITY OR TOWN Fresno	☒ OUTSIDE COMPO- SITE LIMITS ☐ INSIDE COMPO- SITE LIMITS	6d. STREET OR RURAL ADDRESS (DO NOT USE P.O. BOX NUMBERS) 5469 North West Ave.		
MOTHER OF CHILD	7a. MAIDEN NAME OF MOTHER—FIRST NAME Sally	7b. MIDDLE NAME —	7c. LAST NAME Vasquez		8. COLOR OR RACE OF MOTHER Mexican		
	9. AGE OF MOTHER (AT TIME OF THIS BIRTH) 28 YEARS	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Calif.		11. MAILING ADDRESS OF MOTHER—(DIFFERENT FROM USUAL RESIDENCE FOR NOTIFICATION OF BIRTH) —			
FATHER OF CHILD	12a. NAME OF FATHER—FIRST NAME Trinidad	12b. MIDDLE NAME Russell	12c. LAST NAME Sanchez		13. COLOR OR RACE OF FATHER Mexican		
	14. AGE OF FATHER (AT TIME OF THIS BIRTH) 31 YEARS	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Calif.		16a. USUAL OCCUPATION Warehouseman	16b. KIND OF BUSINESS OR INDUSTRY Grocery		
INFORMANT'S CERTIFICATION	I HEREBY CERTIFY THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		17a. SIGNATURE OF PARENT OR OTHER INFORMANT <i>[Signature]</i>		17b. DATE SIGNED BY PARENT OR OTHER INFORMANT April 20, 1954		
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.		18a. SIGNATURE OF ATTENDANT <i>[Signature]</i>		18b. ADDRESS Fresno		
REGISTRAR'S CERTIFICATION	19. DATE RECEIVED BY LOCAL REGISTRAR APR 22 1954		20. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		21. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT <i>[Signature]</i>		

186663

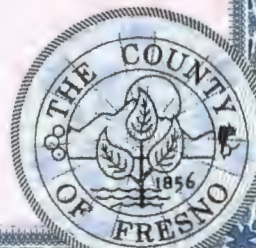
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STATE OF CALIFORNIA, COUNTY OF FRESNO

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DATE ISSUED **APR 06 2000**

William C. Greenwood
WILLIAM C. GREENWOOD
COUNTY RECORDER

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CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO
FRESNO, CALIFORNIA

STATE FILE NUMBER		CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	1a. NAME OF CHILD—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME		1008	16	
	Cynthia	Rose	Sanchez				
PLACE OF BIRTH	2. SEX	3a. THIS BIRTH SINGLE, TWIN, OR TRIPLET?	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?	4a. DATE OF BIRTH—MONTH, DAY, YEAR	4b. HOUR		
	Female	Single	--	January 1, 1961	2:58 A		
MOTHER OF CHILD	5a. PLACE OF BIRTH—NAME OF HOSPITAL	5b. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION DO NOT USE P.O. BOX NUMBERS)			5c. CITY OR TOWN		
	Fresno Community Hospital	Fresno at R Streets			Fresno		
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	6a. MAIDEN NAME OF MOTHER—FIRST NAME	6b. MIDDLE NAME	6c. LAST NAME	7. COLOR OR RACE OF MOTHER			
	Sally	Teresa	Vasquez	White			
FATHER OF CHILD	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) YEARS	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	10. MAILING ADDRESS OF MOTHER (GIVE STREET OR RURAL ADDRESS OR LOCATION DO NOT USE P.O. BOX NUMBERS)				
	35	California	--				
INFORMANT'S CERTIFICATION	11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION DO NOT USE P.O. BOX NUMBERS)	11b. IF INSIDE CORPORATE LIMITS ☐ CHECK HERE		11c. IF OUTSIDE CITY CORPORATE LIMITS ☒ ON A FARM ☐ NOT ON A FARM			
	4613 West Santa Ana Street						
ATTENDANT'S CERTIFICATION	11c. CITY OR TOWN	12a. NAME OF FATHER—FIRST NAME	12b. MIDDLE NAME	12c. LAST NAME	13. COLOR OR RACE OF FATHER		
	Fresno	Trinidad	Russell	Sanchez	White		
REGISTRAR'S CERTIFICATION	14. AGE OF FATHER (AT TIME OF THIS BIRTH) YEARS	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	16a. PRESENT OR LAST OCCUPATION		16b. KIND OF INDUSTRY OR BUSINESS		
	38	California	Fork Lifter		Grocery Warehse.		
INFORMANT'S CERTIFICATION	17a. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT, SPECIFY)			17b. DATE SIGNED BY INFORMANT			
	Sally Sanchez			Jan 2, 1961			
ATTENDANT'S CERTIFICATION	18a. PHYSICIAN—SIGNATURE (IF OTHER THAN M.D., SIGNATURE—DEGREE OR TITLE)			18b. ADDRESS			
	Allen Man M.D.			Fresno			
REGISTRAR'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT			20. LOCAL REGISTRAR—SIGNATURE			
				GAROLD L. FABER, M. D. BY AB Deputy			
			21. DATE RECEIVED BY LOCAL REGISTRAR				
			JAN 9 '61				



186665

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STATE OF CALIFORNIA, COUNTY OF FRESNO

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APR 06 2000

DATE ISSUED

WILLIAM C. GREENWOOD
COUNTY RECORDER

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO

FRESNO, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK AND TYPE OR PRINT. DO NOT ALTER. NO 11 (REV. 2007)

3199910 000098

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST (GIVEN): TRINIDAD		2. MIDDLE: RUSSELL	
3. LAST (FAMILY): SANCHEZ		4. DATE OF BIRTH M/M/DD/CCYY 09/03/1922	
5. AGE YRS. 76		6. SEX M	
7. DATE OF DEATH M/M/DD/CCYY 01/10/1999		8. HOUR 2100	
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. [REDACTED]	
11. MILITARY SERVICE ☐ YES ☒ NO		12. MARITAL STATUS Widowed	
13. EDUCATION—YEARS COMPLETED 8		14. RACE WHITE	
15. HISPANIC—SPECIFY ☒ YES MEX/AMERICANA ☐ NO		16. USUAL EMPLOYER UNITED GROCERS	
17. OCCUPATION FORKLIFT DRIVER		18. KIND OF BUSINESS GROCERY RETAIL	
19. YEARS IN OCCUPATION 45		20. RESIDENCE—(STREET AND NUMBER OR LOCATION): 4613 W. SANTA ANA	
21. CITY FRESNO		22. COUNTY FRESNO	
23. ZIP CODE 93722		24. YRS IN COUNTY 76	
25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP RANDY SANCHEZ SON	
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 4547 N. BRIARWOOD FRESNO CA 93705		28. NAME OF SURVIVING SPOUSE—FIRST [REDACTED]	
29. MIDDLE [REDACTED]		30. LAST (MAIDEN NAME) [REDACTED]	
31. NAME OF FATHER—FIRST RUDOLPH		32. MIDDLE [REDACTED]	
33. LAST SANCHEZ		34. BIRTH STATE MEXICO	
35. NAME OF MOTHER—FIRST INEZ		36. MIDDLE [REDACTED]	
37. LAST (MAIDEN) MARTINEZ		38. BIRTH STATE MEXICO	
39. DATE OF FINAL DISPOSITION 01/14/1999		40. PLACE OF FINAL DISPOSITION ST. PETER'S CEMETERY FRESNO, CA	
41. TYPE OF DISPOSITION: BURIAL		42. SIGNATURE OF CEMETARY Louis E. Rosen	
43. LICENSE NO. 8456		44. NAME OF FUNERAL DIRECTOR LISLE FUNERAL HOME	
45. LICENSE NO. FD-176		46. SIGNATURE OF LOCAL REGISTRAR David L. Hoshorn M.D.	
47. DATE M/M/DD/CCYY 01/12/1999 cv		101. PLACE OF DEATH BEVERLY MANOR	
102. IF HOSPITAL, SPECIFY ONE: ☐ IP ☐ ER/OP ☐ DOA ☒ CONV. HOSP. ☐ RES. CARE ☐ OTHER		103. FACILITY OTHER THAN HOSPITAL ☐ CONV. HOSP. ☐ RES. CARE ☐ OTHER	
104. COUNTY FRESNO		105. CITY FRESNO	
106. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 2715 N. FRESNO STREET		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) RESPIRATORY ARREST	
108. IMMEDIATE CAUSE (B) CEREBRAL VASCULAR ACCIDENT		109. TYPE INTERVAL BETWEEN DEATH AND DATE IMMED.	
110. DUE TO: (C) PERIPHERAL VASCULAR DISEASE		111. MINUTES [REDACTED]	
112. DUE TO: (D) HYPERTENSION		113. YEARS [REDACTED]	
114. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 DIABETES MELLITUS; ATRIAL FIBRILLATION; CORONARY ARTERY DISEASE		115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. [REDACTED]	
116. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEASED ATTENDED CARE BY: (DECEASED) LAST SEEN ALIVE M/M/DD/CCYY 01/08/1999 01/09/1999		117. SIGNATURE AND TITLE OF CERTIFIER [Signature]	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP STEPHEN M. GROSSMAN MD, P O BOX 785 CLOVIS CA 93612		119. LICENSE NO. G66749	
120. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 121. NATURE OF DEATH ☐ YES ☒ NO		122. DATE M/M/DD/CCYY 01/11/1999	
123. NATURE OF DEATH ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ CANNOT BE DETERMINED		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) [REDACTED]	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) [REDACTED]		126. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]	
127. DATE M/M/DD/CCYY [REDACTED]		128. TYPE NAME, TITLE OF CORONER OR DEPUTY CORONER [REDACTED]	
STATE REGISTRAR A B C D E F G H		FAX AUTH. # 93824 CENSUS TRACT [REDACTED]	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF FRESNO

SS DATE ISSUED

JUL 25 2018

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FENCO (Rev) 09/16

* 000515689 *

PAUL DICTOS, C.P.A.
COUNTY RECORDER