Item #22
4-5-2019

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
BOOK 6962 PAGE 588

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Name, Address, Zip

as above

DOCUMENTARY TRANSFER TAX $ none
Computed On Full Value Of Property Conveyed
Or Computed On Full Value Less Liens And Encumbrances Remaining At Time Of Sale.
Rafael Vasquez
Signature of Declarant or Agent determining Tax — Firm Name

Grant Deed

D.T.T. $ none

TITLE INSURANCE AND TRUST COMPANY

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, LUPE V. VARELA, a Married Woman as her separate property, LENA V. FLOREZ, 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 159.80 feet; thence, Westerly parallel with the North line of said Lot 10; thence, 130.00 feet; thence Northerly, parrallel with the East line of said Lot; 359.80 feet to a point on the North line of 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;

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

Rafael Vasquez
Rosa Vasquez

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 person(s) whose name(s) 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
Name (Typed or Printed)

OFFICIAL SEAL
HURLEN G. HARVEY
NOTARY PUBLIC - CALIFORNIA
NOTARY BOND FILED IN
FRESNO COUNTY
My Commission Expires October 31, 1980

(This area for official notarial seal)

Title Order No. Escrow or Loan No.

MAIL TAX STATEMENTS AS DIRECTED ABOVE

19th October 1976

FRESNO COUNTY RECORDERS OFFICE

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Rafael Vasquez
4613 West Santa Ana
Fresno, California 93711

MAIL TAX STATEMENTS TO

Same as above

BOOK 6676 PAGE 469

92742

RECORDED IN OFFICIAL RECORDS OF FRESNO COUNTY, CALIFORNIA
AT 40 MIN. PAST 9 A.M.
OCT 19 1976
H. L. AMSEN, County Recorder
1 FEE $ 5.00

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Individual Grant Deed

TO 1923-CA (12-74)

THIS FORM FURNISHED BY TICOR TITLE INSURER

A. P. N.

The undersigned grantor(s) declare(s):
Documentary transfer tax is $.no
( ) 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 SANCHES, 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

Sally Sanchez
Sally Sanchez

STATE OF CALIFORNIA
COUNTY OF Fresno } SS.

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
I. A. Williams

OFFICIAL SEAL
I. A. WILLIAMS
Notary Public, California
Principal Office in
Fresno County
My Com. Expires Sept. 18, 1978

Title Order No. _____ Escrow or Loan No. _____

MAIL TAX STATEMENTS AS DIRECTED ABOVE

[redacted]

19th October 1976

FRESNO COUNTY RECORDERS OFFICE

TO 1044 CA (9-74)

(Individual)

STATE OF CALIFORNIA
COUNTY OF Fresno } ss.

On Oct 19, 1976 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 [signature]

OFFICIAL SEAL
HURLEN G. HARVEY
Notary Public, California
Principal Office in
Fresno County
My Com. Expires Oct. 13, 1978

(This area for official notarial seal)

STAPLE HERE

BOOK 6676 PAGE 470

19th October 1976

FRESNO COUNTY RECORDERS OFFICE

EXHIBIT "A"

BOOK 6676 PAGE 471

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 OF CALIFORNIA — USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS — VS-11 (REV. 7/93)

STATE FILE NUMBER — LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
Sally	Vivian	Sanchez

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
10/13/1925	71			F	10/21/1996	0417

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION —YEARS COMPLETED
CA	[redacted]	19 ___ TO 19 ___ X NONE	Mar	8

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
Cau	X YES MX/AM ☐ NO	Self

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
Homemaker	Own Home	55

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 4613 W. Santa Ana

21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
Fresno	Fresno	93722	71	CA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
Paul Sanchez-Son	703 Music #107, Clovis, CA 93612

SPOUSE AND PARENT INFORMATION

29. NAME OF SURVIVING SPOUSE—FIRST	30. MIDDLE	30. LAST (MAIDEN NAME)
Trindad	R.	Sanchez

31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
Rafeal	-	Vasquez	MX

35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (MAIDEN)	38. BIRTH STATE
Rosa	-	Saina	AZ

DISPOSITION

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
10/24/1996	St. Peters Cemetery, Fresno, CA

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
BU	▶ Nancy Wolf	2508

44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/CCYY
Lisle Funeral Home	FD-176	▶ David M. Keller CA	10/23/1996

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. FACILITY OTHER THAN HOSPITAL	104. COUNTY
Residence	☐ IP ☐ ER/OP ☐ DOA	☐ OTHER	Fresno

105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 4613 W. Santa Anna

106. CITY: Fresno

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D.

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Congestive Heart Failure	Weeks
DUE TO	(B) Ischemia Heart Disease	years
DUE TO	(C)	
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: X YES ☐ NO — CORONER'S NUMBER: 10-88

109. AUTOPSY PERFORMED: ☐ YES X NO

110. AUTOPSY PERFORMED: ☐ YES X NO

111. USED IN DETERMINING CAUSE: ☐ YES X NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: Diabetes and Renal failure

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: None

PHYSICIAN'S CERTIFICATION

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 MM/DD/CCYY	DECEDENT LAST SEEN ALIVE MM/DD/CCYY
10/10/1996	10/18/1996

115. SIGNATURE AND TITLE	116. LICENSE NO.	117. DATE MM/DD/CCYY
▶ John G. Telles MD	G035213	10/22/1996

118. TYPED NAME OF ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: John G. Telles M.D. 1313 E. Herndon #203, Fresno, CA 93720

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED

120. INJURY AT WORK	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
☐ YES ☐ NO			

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)

126. SIGNATURE OF CORONER OR DEPUTY CORONER	127. DATE MM/DD/CCYY	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
▶		

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT
								68857	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF FRESNO

DATE ISSUED JUL 25 2018

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE FRESNO COUNTY RECORDER.

000515688

PAUL DICTOS, C.P.A.
COUNTY RECORDER

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

PENCO (Rev) 03/16

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

REGISTRATION DISTRICT NO. 1001 REGISTRAR'S NUMBER 54

CERTIFICATE OF LIVE BIRTH

STATE FILE NO

THIS CHILD (TYPE OR PRINT NAME)

1A. CHILD'S FIRST NAME: Richard | 1B. MIDDLE NAME: Edward | 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: Jan. 7, 1950 | 4B. HOUR: 2:10

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): Route I3, Box 635 | 6B. COUNTY: Fresno

6C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN): Rural - 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): 24 YEARS | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California | 11. MAILING ADDRESS OF MOTHER (IF DIFFERENT FROM USUAL RESIDENCE): --

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): California | 16A. USUAL OCCUPATION: Truckman | 16B. KIND OF BUSINESS OR INDUSTRY: United Grocers

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 Sanchez ☒ PARENT ☐ OTHER, SPECIFY | 17B. DATE SIGNED: Jan. 7, 1950

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: H. Gregg M.D. | DEGREE OR TITLE | 18B. ADDRESS: Orosi

REGISTRAR'S CERTIFICATION

19. DATE RECEIVED BY LOCAL REGISTRAR: JAN 11 50 | 20. SIGNATURE OF LOCAL REGISTRAR: W. M. Dent, Jr. Co. Asst. | 21. DATE ON WHICH GIVEN NAME ADDED

LEAVE BLANK (ADDED AFTER FILING)

FOR MEDICAL AND HEALTH USE ONLY (THIS SECTION IS NOT TO BE REPRODUCED OR CERTIFIED COPIES)

CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS CHILD)

22A. HOW MANY OTHER CHILDREN ARE NOW LIVING? 0 | 22B. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0 | 22C. HOW MANY CHILDREN WERE STILLBORN (BORN DEAD AFTER 20 WEEKS PREGNANCY)? 0

23A. LENGTH OF PREGNANCY: 36 WEEKS | 23B. WEIGHT AT BIRTH: 7 LBS 5 OZS | 24A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: --

24B. STATE ANY OPERATION FOR DELIVERY: -- | 24C. DESCRIBE ANY CONGENITAL MALFORMATIONS: --

24D. DESCRIBE ANY BIRTH INJURY: -- | 24E. WAS PROPHYLACTIC DRUG USED IN BABY'S EYES? ☒ YES ☐ NO IF YES, STATE DRUG: silver nitrate 1%

25A. WAS A SEROLOGICAL TEST FOR SYPHILIS MADE IN THE MOTHER? ☒ YES ☐ NO | 25B. IF SO, AT WHAT MONTH OF PREGNANCY? 2 mon. | 25C. IF NOT, WHY NOT? --

STATE OF CALIFORNIA — REV 1-1-49 FORM B.S.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

DATED Dec. 28, 1966

BY D. F. Dahlman DEPUTY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO

FRESNO, CALIFORNIA

REGISTRATION DISTRICT No. 1001 REGISTRAR'S NUMBER 2216

CERTIFICATE OF LIVE BIRTH

STATE FILE NO.

THIS CHILD (TYPE OR PRINT NAME)

1A. CHILD'S FIRST NAME	1B. MIDDLE NAME	1C. LAST NAME
Paul	John	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. HOUR
male	single	—	April 28, 1951	9:47P M.

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 (WHERE DOES MOTHER LIVE?)

6A. RESIDENCE OF MOTHER — STREET ADDRESS (IF RURAL, GIVE LOCATION)	6B. COUNTY
Corner of Boullard & West Ave..	Fresno
6C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN)	6D. STATE
Fresno rural	California

MOTHER OF CHILD

7A. MAIDEN NAME OF MOTHER—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)	
25 YEARS	California.	Route 13, Box 635, Fresno	

FATHER OF CHILD

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 YEARS	Fresno	warehouseman	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 Sanchez — [X] 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 ▶ [illegible] M D — DEGREE OR TITLE

18B. ADDRESS Fresno

REGISTRAR'S CERTIFICATION

19. DATE RECEIVED BY LOCAL REGISTRAR MAY 1 1951

20. SIGNATURE OF LOCAL REGISTRAR ▶ [illegible] Reg. B. [illegible]

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

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE FRESNO COUNTY RECORDER.

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

000020269

PAUL DICTOS, C.P.A.
COUNTY RECORDER

PRINCO (Rev) 12/10

CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO

FRESNO, CALIFORNIA

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

STATE FILE NO. 2084 | REGISTRATION DISTRICT NO. 1001 | REGISTRAR'S NUMBER

THIS CHILD (TYPE OR PRINT NAME)

1a. CHILD'S FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
Randolph	-	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. HOUR
Male	Single	--	April 19, 1954	7:18P M.

PLACE OF BIRTH

5a. COUNTY	5a. CITY OR TOWN	
Fresno	Fresno	☐ OUTSIDE CORPORATE LIMITS ☒ INSIDE CORPORATE LIMITS

5c. FULL NAME OF HOSPITAL OR INSTITUTION	5d. ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P.O. BOX NUMBERS)
Fresno Community Hospital	Fresno 1, California

USUAL RESIDENCE OF MOTHER (Rural)

6a. STATE	6b. COUNTY	6c. CITY OR TOWN	6d. STREET OR RURAL ADDRESS (DO NOT USE P.O. BOX NUMBERS)
Calif.	Fresno	Fresno ☒ OUTSIDE CORPORATE LIMITS ☐ INSIDE CORPORATE LIMITS	5469 North West Ave.

MOTHER OF CHILD

7a. MAIDEN NAME OF MOTHER—FIRST NAME	7b. MIDDLE NAME	7c. LAST NAME	8. COLOR OR RACE OF MOTHER
Sally	--	Vasquez	Mexican

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 (FOR NOTIFICATION OF BIRTH REGISTRATION))
28 YEARS	Calif.	--

FATHER OF CHILD

12a. NAME OF FATHER—FIRST NAME	12b. MIDDLE NAME	12c. LAST NAME	13. COLOR OR RACE OF FATHER
Trinidad	Russell	Sanchez	Mexican

14. AGE OF FATHER (AT TIME OF THIS BIRTH)	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	16A. USUAL OCCUPATION	16B. KIND OF BUSINESS OR INDUSTRY
31 YEARS	Calif.	Warehouseman	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 (IF OTHER THAN PARENT, SPECIFY) — Sally [illegible] — 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 — [illegible] M.D. — 18b. ADDRESS — Fresno

REGISTRAR'S CERTIFICATION

19. DATE RECEIVED BY LOCAL REGISTRAR — APR 22 1954

20. SIGNATURE OF LOCAL REGISTRAR — Albert D. Mathews, M.D. — 21. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT

186663

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF FRESNO

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE FRESNO COUNTY RECORDER.

William C. Greenwood

WILLIAM C. GREENWOOD
COUNTY RECORDER

DATE ISSUED APR 06 2000

This copy not valid unless prepared on engraved border displaying date, seal and signature of Recorder.

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 1008 16

THIS CHILD

1a. NAME OF CHILD—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
Cynthia	Rose	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. HOUR
Female	Single	--	January 1, 1961	2:58 A M

PLACE OF BIRTH

5a. PLACE OF BIRTH—NAME OF HOSPITAL	5b. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)
Fresno Community Hospital	Fresno at R Streets [X] WITHIN CITY CORPORATE LIMITS [ ] OUTSIDE CITY CORPORATE LIMITS
5c. CITY OR TOWN: Fresno	5d. COUNTY: Fresno

MOTHER OF CHILD

6a. MAIDEN NAME OF MOTHER—FIRST NAME	6b. MIDDLE NAME	6c. LAST NAME	7. COLOR OR RACE OF MOTHER
Sally	Teresa	Vasquez	White

8. AGE OF MOTHER (AT TIME OF THIS BIRTH)	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	10. MAILING ADDRESS OF MOTHER (IF DIFFERENT FROM USUAL RESIDENCE—FOR NOTIFICATION OF BIRTH REGISTRATION)
35 YEARS	California	--

USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)

11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)	11a. IF INSIDE CORPORATE LIMITS [ ] CHECK HERE	IF OUTSIDE CITY CORPORATE LIMITS, CHECK ONE [X] ON A FARM [ ] NOT ON A FARM
4613 West Santa Ana Street		
11c. CITY OR TOWN: Fresno	11d. COUNTY: Fresno	11e. STATE: California

FATHER OF CHILD

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. PRESENT OR LAST OCCUPATION	16b. KIND OF INDUSTRY OR BUSINESS
38 YEARS	California	Fork Lifter	Grocery Warehse.

INFORMANT'S CERTIFICATION

I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

17a. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT, SPECIFY): ▶ Sally Sanchez

17b. DATE SIGNED BY INFORMANT: Jan 2, 1961

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. PHYSICIAN (OTHER) WHO ATTENDED THIS BIRTH—SIGNATURE—DEGREE OR TITLE: ▶ Alice Man, M. D.

18b. ADDRESS: Fresno

REGISTRAR'S CERTIFICATION

19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT:

20. LOCAL REGISTRAR—SIGNATURE: ▶ HAROLD L. FABER, M. D. BY AB Deputy

21. DATE RECEIVED BY LOCAL REGISTRAR: JAN 9 '61

186665

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF FRESNO

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE FRESNO COUNTY RECORDER.

William C. Greenwood

WILLIAM C. GREENWOOD
COUNTY RECORDER

DATE ISSUED APR 06 2000

This copy not valid unless prepared on engraved border displaying date, seal and signature of Recorder.

MIDWEST BANK NOTE COMPANY — 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 ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS. VS 11 (REV. 2/97)

STATE FILE NUMBER: 3199910 000098 — LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
TRINIDAD	RUSSELL	SANCHEZ

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
09/03/1922	76			M	01/10/1999	2100

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
CA	[redacted]	[ ] YES [X] NO [ ] UNK	Widowed	8

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
WHITE	[X] YES MEX/AMERICNA [ ] NO	UNITED GROCERS

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
FORKLIFT DRIVER	GROCERY RETAIL	45

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION				
4613 W. SANTA ANA				
21. CITY	**22. COUNTY**	**23. ZIP CODE**	**24. YRS IN COUNTY**	**25. STATE OR FOREIGN COUNTRY**
FRESNO	FRESNO	93722	76	CA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)			
BANDY SANCHEZ SON	4547 N. BRIARWOOD	FRESNO	CA	93705

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)
-	-	-

31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
RUDOLPH	-	SANCHEZ	MEXICO

35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (MAIDEN)	38. BIRTH STATE
INEZ	-	MARTINEZ	MEXICO

DISPOSITION

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION	
01/14/1999	ST. PETER'S CEMETERY	FRESNO, CA

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
BURIAL	▶ Louis E. Rosa	8456

44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/CCYY
LISLE FUNERAL HOME	FD-176	▶ David E. Hudson M.D.	01/12/1999 cv

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL	104. COUNTY
BEVERLY MANOR	[ ] IP [ ] ER/OP [ ] DOA	[X] CONV. HOSP. [ ] RES. CARE [ ] OTHER	FRESNO

105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)	106. CITY
2715 N. FRESNO STREET	FRESNO

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) RESPIRATORY ARREST	IMMED.
DUE TO	(B) CEREBRAL VASCULAR ACCIDENT	MINUTES
DUE TO	(C) PHERIPHERAL VASCULAR DISEASE	YEARS
DUE TO	(D) HYPERTENSION	YEARS

108. DEATH REPORTED TO CORONER: [ ] YES [X] NO — REFERRAL NUMBER
109. BIOPSY PERFORMED: [ ] YES [X] NO
110. AUTOPSY PERFORMED: [ ] YES [X] NO
111. USED IN DETERMINING CAUSE: [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107
DIABETES MELLITUS;ATRIAL FIBRILLATION;CORONARY ARTERY DISEASE.

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.
-

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY	DECEDENT LAST SEEN ALIVE MM/DD/CCYY	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NO.	117. DATE MM/DD/CCYY
01/08/1999	01/09/1999	▶ [signature]	G64749	01/11/1999

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP
STEPHEN M. GROSSMAN MD, P O BOX 785 CLOVIS CA 93612

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH	120. INJURY AT WORK	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
[ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED	[ ] YES [ ] NO			

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)

126. SIGNATURE OF CORONER OR DEPUTY CORONER	127. DATE MM/DD/CCYY	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
▶		

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT
								93824	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF FRESNO

DATE ISSUED JUL 25 2018

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE FRESNO COUNTY RECORDER.

000515689

PAUL DICTOS, C.P.A.
COUNTY RECORDER

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FRNCO (Rev) 09/16

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE