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**FIDELITY NATIONAL TITLE AGENCY**



**OFFICIAL RECORDS OF  
PINAL COUNTY RECORDER**

**LAURA DEAN-LYTLE**

*When Recorded Mail To:*

*Fidelity National Title  
Attn: Lisa Citron  
301 East Broadway Rd #193C  
Phoenix, AZ 85012*

**DATE: 10/10/03      TIME: 1547  
FEE :            14.00  
PAGES:           2  
FEE NO: 2003-071377**

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30018440

*Certificate of Death*

Unofficial Copy

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

ORIGINAL  
STATE COPY

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATE OF DEATH

DEATH NO.  
D 102-

1. NAME OF DECEASED A. FIRST <b>IGNATIUS</b>		B. MIDDLE <b>VALENZUELA</b>		C. LAST <b>VALENZUELA</b>		2. SEX <b>MALE</b>		3. DATE OF DEATH MONTH <b>FEBRUARY</b>		DAY <b>16</b>		YEAR <b>1993</b>			
4. RACE (e.g., white, black, American Indian, [specify tribe] etc.) SPECIFY: <b>American Indian</b> 4A. <b>Tohono O'odham 4/4</b>				5. WAS DECEDENT OF HISPANIC ORIGIN: (SPECIFY YES OR NO) B. <b>No</b>				6. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.				7. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES (R NO) 5. <b>Yes</b>			
8. PLACE OF DEATH A. COUNTY <b>Pima</b>				B. TOWN OR CITY <b>Tucson</b>				9. C. HOSPITAL OR INSTITUTION <b>VA Medical Center</b>				10. (IF RESIDENCE, GIVE STREET ADDRESS) D. <input type="checkbox"/> DOA <input type="checkbox"/> OP EMER. <input checked="" type="checkbox"/> IN PATIENT			
11. DATE OF BIRTH MONTH <b>November</b>				DAY <b>2</b>				YEAR <b>1927</b>				12. AGE (YEARS LAST BIRTHDAY) 8A. <b>65</b>			
13. IF UNDER 1 YEAR MOS. DAYS				14. IF UNDER 1 DAY HRS. MIN.				15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9. <b>Divorced</b>				16. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
17. STATE AND CITY OF BIRTH (if not in USA, name country) 11. <b>Sells, AZ</b>				18. CITIZEN OF WHAT COUNTRY? 12. <b>USA</b>				19. SOCIAL SECURITY NO. 13. <b>527-26-0948</b>				20. USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A. <b>Laborer</b>			
21. KIND OF BUSINESS OR INDUSTRY 15. <b>Res/Comm Const Co</b>				16. USUAL RESIDENCE A. STATE <b>Arizona</b>				B. COUNTY <b>Pima</b>				C. TOWN OR CITY <b>Sells</b>			
17. D. ZIP CODE <b>85634</b>				18. HOW LONG IN ARIZONA? <b>10 Years</b>				19. EDUCATION HIGHEST GRADE COMPLETED 17. <b>8</b>				20. STREET ADDRESS OR R.F.D. <b>66 E. Main &amp; Turtle</b>			
21. INSIDE CITY LIMITS? (SPECIFY Yes or No) 15E. <b>NO</b>				22. ON RESERVATION (SPECIFY Yes or No) 15G. <b>YES</b>				23. PREVIOUS STATE OF RESIDENCE 16. <b>California</b>				24. ELEMENTARY-SECONDARY (0-12) A. <b>8</b>			
25. COLLEGE (1-4 or 5+)				26. FATHER'S NAME A. FIRST <b>Jesus</b>				B. MIDDLE <b>Valenzuela</b>				C. LAST <b>Valenzuela</b>			
27. MOTHER'S MAIDEN NAME A. FIRST <b>Margarite</b>				B. MIDDLE <b>Garcia</b>				C. LAST <b>Garcia</b>				28. INFORMATION SIGNATURE <i>Priscilla Segherson</i>			
29. ADDRESS <b>VA Medical Center Records Details Clk.</b>				30. STREET NO. <b>VA Medical Center</b>				31. CITY AND STATE <b>Tucson, AZ</b>				32. ZIP CODE <b>85723</b>			
33. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 24. <b>Burial</b>				34. DATE <b>2/19/93</b>				35. CEMETERY OR CREMATORY - NAME/LOCATION <b>Ajo Cemetery, Ajo, Arizona</b>				36. EMBALMER'S SIGNATURE <i>[Signature]</i>			
37. CERT. NO. <b>552A</b>				38. FUNERAL HOME NAME <b>Adair Funeral Home</b>				39. STREET ADDRESS <b>1050 N. Dodge Blvd.</b>				40. CITY AND STATE <b>Tucson, Arizona</b>			
41. FUNERAL DIRECTOR or other person acting as such (SIGNATURE) <i>[Signature]</i>				42. CERT. NO. <b>364A</b>				43. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 30. SIGNATURE AND TITLE <i>[Signature]</i>				44. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. 34. SIGNATURE AND TITLE <i>[Signature]</i>			
45. DATE SIGNED (Mo., Day, Year) <b>2/17/93</b>				46. HOUR OF DEATH <b>0255 Hours</b>				47. DATE SIGNED (Mo., Day, Year) <b>2/17/93</b>				48. HOUR OF DEATH <b>0255 Hours</b>			
49. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)				50. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)				51. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type) <b>James E. Hurlig, M.D. - VAMC, Tucson, AZ 85723</b>				52. AUTHORIZED FOR CREMATION (SPECIFY) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
53. DATE REGISTERED <b>Feb. 19, 1993</b>				54. REG. FILE NO. <b>1054</b>				55. REGISTRAR'S SIGNATURE <i>[Signature]</i>				56. REG. DISTRICT <b>1002</b>			
57. DATE REC'D. IN STATE OFFICE				58. PART I. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE, DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH LAST. A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) <b>Respiratory arrest.</b>				59. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				60. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I			
61. B. DUE TO OR AS A CONSEQUENCE OF: <b>End stage liver disease.</b>				62. C. DUE TO OR AS A CONSEQUENCE OF:				63. MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED				64. DATE OF INJURY MO <b></b>			
65. DAY <b></b>				66. YEAR <b></b>				67. HOUR <b></b>				68. INJURY AT WORK? (Specify Yes or No) 52. <b></b>			
69. DESCRIBE HOW INJURY OCCURRED				70. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 53. <b></b>				71. WHERE LOCATED? 54. <b></b>				72. STREET ADDRESS 55. <b></b>			
73. CITY OR TOWN 56. <b></b>				74. STATE 57. <b></b>				75. SUPPLEMENTARY ENTRIES 58. <b></b>				76. SUPPLEMENTARY ENTRIES 59. <b></b>			

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA }  
COUNTY OF PIMA } SS

DATE ISSUED FEBRUARY 26, 1993

This is a true and exact reproduction of the document officially registered and to be placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA. Issued under the authority of A.R.S. 36-341, and by direction of:

*Guadalupe L. Olivas*  
GUADALUPE L. OLIVAS  
County Registrar  
Pima County Health Department

This copy not valid unless prepared on engraved border displaying county seal in color and impressed with raised seal of issuing agency.

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