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Vol. 1797 Page 11146
FILED

Margarita Sablan
PO Box 6282
Tamuning Ha.
96931

MAY 12 11 05 AM '94
SUPERIOR COURT
OF GUAM

IN THE SUPERIOR COURT OF GUAM
TERRITORY OF GUAM

IN THE MATTER OF THE ESTATE
OF
JOSE QUICHOCHO SABLAN,
Deceased.

PROBATE CASE NO. PR0106-93

DECREE OF FINAL
DISTRIBUTION

MARGARITA I. SABLAN, Administratrix of the Estate of Jose Quichocho Sablan, deceased, having filed her Inventory and Appraisement and Petition for Final Distribution of said Estate, and said petition having come on regularly for hearing on the 12th day of April, 1994, and the Court having examined the record on file in this case and the verified petition, does hereby find:

1. The decedent Jose Quichocho Sablan died in the territory of Guam on June 15, 1993 and left property subject to probate administration in Guam.
2. That due and legal Notice to Creditors of said estate has been given in the manner and for the time required by law.
3. That no claims or debts against said decedent and against said estate were filed, and that said estate is ready for distribution and is now in a condition to be closed.

'97 APR 15 AM 11:42

ARRIOLA, COWAN & BORDALLO, AGAÑA, GUAM 96910

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Probate Case No. PR0106-93

4. That all of the heirs at law of said decedent have filed Waivers and Consents agreeing to distribution of the estate as set forth in the Petition, specifically that all of decedent's estate should be distributed to his surviving spouse, Margarita I. Sablan.

5. That there is no opposition to distribution of estate as set forth in the petition.

6. The sole assets of the Estate consist of the following properties:

Lot No. 7032-1-3, Yigo, Guam, Estate No. 53848, Suburban, together with a building thereon, as said lot is marked and designated on Drawing No. M29-76, dated August 8, 1976, recorded September 21, 1976, in the Department of Land Management, Government of Guam under Document 271738, containing an area of 10,524 square feet, Certificate of Title No. 55592

and

Lot 16, Block 28, Tract 1113, Oregon Shores Unit 2, County of Klamath, State of Oregon, as shown on the map filed on December 9, 1977 in Volume 21, Page 20 of Maps in the office of the County Recorder of Klamath County, State of Oregon

7. The estate is chargeable for a statutory attorney's fee of \$1,200.00 and other costs of probate.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that:

1. The Inventory and Appraisement of the Administratrix is approved and the Petition for Final Distribution is hereby granted.

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2. The Administratrix is authorized and directed to distribute the sole assets of the Estate described as:

Lot No. 7032-1-3, Yigo, Guam, Estate No. 53848, Suburban, together with a building thereon, as said lot is marked and designated on Drawing No. M29-76, dated August 8, 1976, recorded September 21, 1976, in the Department of Land Management, Government of Guam under Document 271738, containing an area of 10,524 square feet, Certificate of Title No. 55592;

and

Lot 16, Block 28, Tract 1113, Oregon Shores Unit 2, County of Klamath, State of Oregon, as shown on the map filed on December 9, 1977 in Volume 21, Page 20 of Maps in the office of the County Recorder of Klamath County, State of Oregon

and the same is hereby distributed to Margarita I. Sablan, as her sole and separate property.

3. Authorizing and directing that any other property, whether real or personal or mixed, not now known or discovered, which may belong to said estate or in which said estate may have an interest, be and the same is hereby distributed to Margarita I. Sablan, as her sole and separate property.

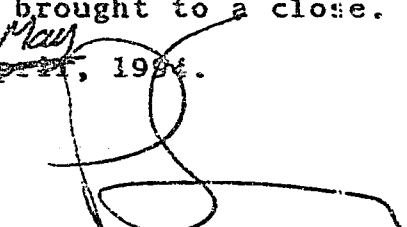
4. Authorizing and directing payment of the attorney's fees and costs of probate out of the estate.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that Margarita I. Sablan be and she is hereby discharged as

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Administratrix of the above-entitled estate, and that the
administration of the estate is brought to a close.

Dated this 12th day of May, 1994.


PETER C. SIGUENZA, JR., JUDGE
SUPERIOR COURT OF GUAM

ARRIOLA, COWAN & BORDALLO, AGANA, GUAM 96910

I do hereby certify that the foregoing
is a full true and correct copy of the
original as filed in the office of the
Clerk of the Superior Court, Guam.
Dated at Agaña, Guam
FEB 03 1997
JOSEPH L. BRESTAN
Clerk, Superior Court of Guam

D#4224J/mc

11150

GOVERNMENT OF GUAM
U.S. STANDARD
CERTIFICATE OF DEATH

FILE NUMBER 160-93-0249

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE OTHER SIDE
AND HANDBOOK

DECEASED
SEE INSTRUCTIONS
ON OTHER SIDE

PRONOUNCING
PHYSICIAN ONLY
ITEMS 24-26 MUST
BE COMPLETED BY
PERSON WHO
PRONOUNCES DEATH

Dept. of Public Health & Social Services, Office of Vital Statistics

SEE INSTRUCTIONS
ON OTHER SIDE

SEE DEFINITION
ON OTHER SIDE

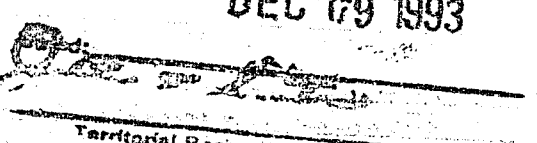
1. DECEDENT'S NAME (First, Middle, Last) JOSE QUICHOCHO SABLAN				2. SEX MALE		3. DATE OF DEATH (Month, Day, Year) JUNE 15, 1993	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Years) 55		5b. UNDER 1 YEAR Months: _____ Days: _____		5c. UNDER 1 DAY Hours: _____ Minutes: _____	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or no) YES		7. BIRTHPLACE (City and State or Foreign Country) GUAM		8. DATE OF BIRTH (Month, Day, Year) DEC 20, 1937		9. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
9a. FACILITY NAME (If not institution, give street and number) GUAM MEMORIAL HOSPITAL				9c. CITY, TOWN, OR LOCATION OF DEATH TAMUNING		9d. COUNTY OF DEATH GUAM	
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) MARGARITA CEPEDA IRIARTE		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use: retired.) AUTO-MECHANIC		12b. KIND OF BUSINESS/INDUSTRY LOCAL GOVERNMENT	
13a. RESIDENCE—STATE GUAM		13b. COUNTY YIGO		13c. CITY, TOWN, OR LOCATION YIGO		13d. STREET AND NUMBER #653 GAYINERO ROAD	
13e. INSIDE CITY LIMITS? (Yes or no) NO		13f. ZIP CODE 96929		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes—If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____		15. RACE—American Indian, Black, White, etc. (Specify) GUAMANIAN	
17. FATHER'S NAME (First, Middle, Last) JOSE BENAVENTE SABLAN		18. MOTHER'S NAME (First, Middle, Maiden Surname) TOMASA QUICHOCHO		19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) POB 6282, TAMUNING, GUAM 96931		20. LOCATION—City or Town, State Nimitz Hills, Piti, Guam	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Guam Veterans Cemetery - Sec. M Row A #13		20c. LOCATION—City or Town, State Nimitz Hills, Piti, Guam		21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Rose Quilachay</i>	
21b. LICENSE NUMBER (of Licensee) 98-00036210		22. NAME AND ADDRESS OF FACILITY San Agustin's Funeral Home Harmon, Guam		23a. DATE SIGNED (Month, Day, Year) JUNE 15, 1993		23b. LICENSE NUMBER #219	
24. TIME OF DEATH 11:25 A.		25. DATE PRONOUNCED DEAD (Month, Day, Year) JUNE 15, 1993		26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) NO		27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Respiratory arrest DUE TO (OR AS A CONSEQUENCE OF): Guam Parkinson's Dementia / ALS complex	
27. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Decubitus ulcers & Hypertension Cardio Vascular Disease		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) YES		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO		29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined	
30a. DATE OF INJURY (Month, Day, Year) JUNE 15, 1993		30b. TIME OF INJURY M		30c. INJURY AT WORK? (Yes or no) NO		30d. DESCRIBE HOW INJURY OCCURRED At home, farm, street, factory, office building, etc. (Specify)	
30e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) At home		30f. LOCATION (Street and Number or Rural Route Number, City or Town, State) TAMUNING GUAM		31a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death) <input checked="" type="checkbox"/> MEDICAL EXAMINER/CORONER		31b. SIGNATURE AND TITLE OF CERTIFIER <i>Arthur J. Loerzel, M.D.</i>	
31c. LICENSE NUMBER #219		31d. DATE SIGNED (Month, Day, Year) JUNE 16, 1993		32. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) ARTHUR J. LOERZEL, M. D. (ACTING ONE) POB 7020 TAMUNING GUAM 96931		33. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
33. REGISTRAR'S SIGNATURE <i>[Signature]</i>		34. DATE OF REGISTRATION JUN 16 1993		35. DATE OF DEATH JUN 15 1993		36. DATE OF BIRTH DEC 20 1937	

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STATE OF OREGON
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS

I do hereby certify that this is a true
and correct copy of the original as
filed in the Office of Vital Statistics,
Department of Public Health and Social
Services Government of Oregon
DEC 7 9 1993


Territorial Registrar

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of _____
of April A.D., 19 97 at 11:42 o'clock A M., and duly recorded in Vol. 197
of Deeds on Page 11146

FEE \$55.00

Bernetha G. Letsch, County Clerk
by Kathleen R. Ross