

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA }
COUNTY OF CLARK } ss.

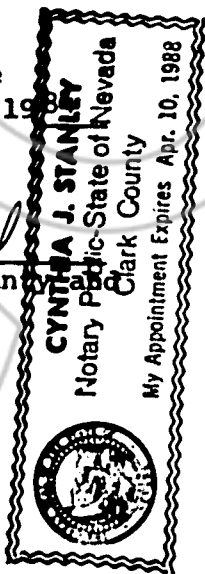
Maryann Nicothodes, being first duly sworn, deposes and says that affiant is over the age of twenty-one years and competent to be a witness as to the matters hereinafter stated.

That affiant is Maryann Nicothodes, the person named as Maryann Nicothodes, one of the Beneficiaries in that certain Deed of Trust recorded May 5, 1983, as Document No. 080097, in Book 583, page 1576-77, of Official Records in the Office of the County Recorder of DOUGLAS County, Nevada, and Assigned by Collateral Assignment of Deed of Trust recorded December 9, 1983, as Document No. 092477, in Book 1283, page 1487-88 of Official Records in the Office of the County Recorder of DOUGLAS County, Nevada. That SARAH FARINA was one of the Beneficiaries named in said Collateral Assignment of Deed of Trust and was the identical person named as SARAH FARINA, the decedent, in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof.

Maryann Nicothodes
Maryann Nicothodes

Subscribed and sworn to before me this 24th day of April, 1983

Cynthia J. Stanley
Notary Public in and for said County, State



WHEN RECORDED RETURN TO:
08-007337 (Carson)
UNITED MORTGAGE CO.
P. O. Box 1300
Las Vegas, Nevada 89125

100430
BOOK 584 409

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

001193

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

IF DEATH OCCURRED IN INSTITUTION, INDICATE LOCATION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. DECEASED—NAME First: Sarah, Middle: FARINA, Last: FARINA			2. DATE OF DEATH (Month, Day, Year) April 13, 1984		3. COUNTY OF DEATH Clark		
4. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		5. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Sunrise Hospital		6. INSIDE CITY LIMITS (Specify Yes or No) No		7. If Hosp or Inst indicate DOA, OP/Emet, etc. (Specify) Inpatient	
8. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		9. ETHNIC Italian		10. AGE—Last Birthday (Years) 61		11. UNDER 1 YEAR MOS : DAYS 5b : : :	
12. UNDER 1 DAY HOURS : MINS 5c : : :		13. DATE OF BIRTH (Mo., Day, Yr.) Feb. 20, 1923		14. SEX Female			
15. STATE OF BIRTH (If not U.S.A., name country) Pennsylvania		16. CITIZEN OF WHAT COUNTRY U.S.A.		17. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		18. SURVIVING SPOUSE (If wife, give maiden name) 11.	
19. SOCIAL SECURITY NUMBER [REDACTED]-6108		20. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		21. KIND OF BUSINESS OR INDUSTRY Dress Shop		22. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No	
23. RESIDENCE—STATE Nevada		24. COUNTY Clark		25. CITY, TOWN, OR LOCATION Las Vegas		26. STREET AND NUMBER 3574 S. Blackstone	
27. INSIDE CITY LIMITS (Specify Yes or No) No		28. FATHER—NAME First: Anthony, Middle: Gariti, Last: Gariti		29. MOTHER—MAIDEN NAME First: Conchetta, Middle: Furnari, Last: Furnari			
30. INFORMANT—NAME (Type or Print) Constance Farina—Daughter				31. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1541 Dominis St. #1701 Honolulu, Hawaii 96822			
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Entombment		33. CEMETERY OR CREMATORY—NAME Palm Valley View		34. LOCATION Las Vegas Nevada			
35. FUNERAL DIRECTOR—SIGNATURE (By Person Acting as Such) [Signature]		36. NAME AND ADDRESS OF FACILITY Palm Mortuary 7600 S. Eastern Ave. Las Vegas, Nv. 89119					
37. To be completed by Certifying Physician 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. [Signature and Title] DATE SIGNED (Mo., Day, Yr.) 4/16/84 21b. HOUR OF DEATH 5:10 P.M. 21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Heather Allen M.D. 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) Heather Allen, M.D. 3380 South Eastern Avenue Las Vegas Nevada				38. To be completed by Coroner's Office 22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. [Signature and Title] DATE SIGNED (Mo., Day, Yr.) 22b. PRONOUNCED DEAD (Mo., Day, Yr.) 22c. PRONOUNCED DEAD (Hour) 22d. ON 22e. AT			
39. REGISTRAR 24a. (Signature) [Signature]		40. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) APR 16 1984		41. DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input type="checkbox"/>			
42. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) <i>Symphonia</i> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)		43. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		44. AUTOPSY (Specify Yes or No) No		45. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
46. ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST (Specify) 28a. INJURY AT WORK (Specify Yes or No)		47. DATE OF INJURY (Mo., Day, Yr.) 28b.		48. HOUR OF INJURY 28c.		49. DESCRIBE HOW INJURY OCCURRED 28d.	
50. PLACE OF INJURY—As home, farm, street, factory, office, building, etc. (Specify) 28e.		51. LOCATION 28f.		52. STREET OR R.F.D. No. 28g.		53. CITY OR TOWN 28h.	
54. STATE 28i.							

49431

VITAL RECORDS

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.
 Registrar of Vital Statistics

By: [Signature]

Date Issued: APR 20 1984

SEAL

CLARK COUNTY HEALTH DISTRICT
 625 Shadow Lane P.O. Box 4426
 Las Vegas, Nevada 89127
 702-383-1223

100430
 BOOK 584 PAGE 410

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Suzanne Beaudreau
clerk

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