

AFFIDAVIT — DEATH OF JOINT TENANT

ALL
PTN.

State of Nevada,
County of WASHOE } ss.

VIRGINIA E. MASTROIANNI, of legal age, being first duly sworn, deposes and says:

That PIO A. MASTROIANNI, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as PIO A. MASTROIANNI named as one of the parties in that certain DEED OF TRUST dated March 5, 1985, executed by MARGARET F. BOWKER to PIO A. MASTROIANNI AND VIRGINIA E. MASTROIANNI, husband and wife, as joint tenants, recorded as Instrument No. 114437 on March 8, 1985, in Book _____, Page _____, of Official Records of Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada :

Lot 17, as shown on the map of ARTEMESIA SUBDIVISION, filed in the office of the County Recorder August 10, 1959, in Book 1 of Maps, Document No. 14758, Official Records of Douglas county, State of Nevada.

~~That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ _____.~~

Virginia E. Mastroianni
VIRGINIA E. MASTROIANNI

Subscribed and Sworn to before me
this 22nd day of July, 1985

Janet E. White (Sign)
Notary Public Commissioned for said County and State



RECORDING REQUESTED BY
VIRGINIA E. MASTROIANNI

AFTER RECORDING MAIL TO
✓ VIRGINIA E. MASTROIANNI

1255 Westwood Drive
Reno, NV 89509

120656
BOOK 785 PAGE 2171

SPACE ABOVE THIS LINE FOR RECORDER'S USE

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

ROLL 58 IMAGE 923

1115

STATE FILE NUMBER

TYPE OR PRINT OR PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SET HANDWRITING REGARDING COMPLETION OF DEATH RECORDS

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER 1115		DECEASED—NAME 1. Plo Armando MASTROIANNI		DATE OF DEATH (Month, Day, Year) 2. June 24, 1985	COUNTY OF DEATH 3a. Washoe
CITY, TOWN, OR LOCATION OF DEATH 2b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 3c. St. Mary's Hospital		INSIDE CITY LIMITS (Specify Yes or No) 3d. yes	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. OP/Emer. Rm.
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 4a. white	ETHNIC 4b. Italian	AGE—Last Birthday (Years) 5a. 66	UNDER 1 YEAR MOS : DAYS 5b.	UNDER 1 DAY HOURS : MINS 5c.	DATE OF BIRTH (Mo., Day, Yr.) 6. August 6, 1918
SEX 7. male	STATE OF BIRTH (If not U.S.A., give country) 8. Nevada	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. married	SURVIVING SPOUSE (if wife, give maiden name) 11. Virginia Pflum	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. yes
SOCIAL SECURITY NUMBER 13. 2506	USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired) 14a. Salesman		KIND OF BUSINESS OR INDUSTRY 14b. Insurance and Automotive		
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Washoe	CITY, TOWN, OR LOCATION 15c. Reno	STREET AND NUMBER 15d. 1255 Westwood Dr		INSIDE CITY LIMITS (Specify Yes or No) 15e. yes
FATHER—NAME 16. Paul Mastroianni		MOTHER—MAIDEN NAME 17. Gabriella Diullo		INFORMANT—NAME (Type or Print) 18a. Virginia E. Mastroianni	
				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1255 Westwood Dr, Reno, Nevada 89509	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Our Mother of Sorrows Cemetery		LOCATION City or Town State 19c. Reno Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20. <i>Walton Funeral Home</i>		NAME AND ADDRESS OF FACILITY 20b. Walton Funeral Home, 875 West 2nd St, Reno, Nevada 89503			
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) <i>Vernon O. McCarty</i> DATE SIGNED (Mo., Day, Yr.) 21b.			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) <i>Thomas O. McCarty</i> DATE SIGNED (Mo., Day, Yr.) 22b. June 26, 1985 22c. 1:25 p.m.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			HOUR OF DEATH 22d. 1:25 p.m.		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520					
REGISTRAR 24a. (Signature) <i>Paula Sheen</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. June 27, 1985		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) Hypertensive cardiovascular disease		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b)		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c)		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No) 26. No	
				WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes	
AT C. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.		
INJURY AT WORK (Specify Yes or No) 29a.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 29b.	LOCATION 29c.	STREET OR R.F.D. No. 29d.	CITY OR TOWN STATE 29e.

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CERTIFIED COPY WAS REPRODUCED FROM THE VITAL STATISTICS RECORDS OF THE WASHOE COUNTY DISTRICT HEALTH DEPARTMENT, REINO, WASHOE COUNTY, NEVADA

SEALED ON JUL 3 1985

Michael J. ...
REGISTRAR VITAL STATISTICS
[Signature]
DEPUTY REGISTRAR

THIS COPY IS REPRODUCED PHOTOGRAPHICALLY FROM MICROFILM RECORDS AND MAY IN TIME CHANGE IN COLOR OR APPEARANCE

COPY

REQUESTED BY
Virginia Madsen
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'85 JUL 26 P3:15

SUZANNE BEAUDREAU
RECORDER

\$ 7.00 PAID *[Signature]* DEPUTY

120656

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WASHOE COUNTY