When Recorded Mail To:

MARY THERESA RUBINO 1944 Austin Street Gardnerville, Nevada 89410

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA) : ss
COUNTY OF DOUGLAS)

MARY THERESA RUBINO, being first duly sworn, deposes and says:

That she is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

That the affiant is the person named as MARY T. RUBINO, joint tenant, one of the two grantees on that certain Deed recorded in the Office of the County Recorder of Douglas County, State of Nevada, on the 6th day of April, 1977, in Book 477, Page 252, being document number 08234, wherein DOMINIC R. RUBINO and MARY T. RUBINO, husband and wife, as joint tenants, were named as grantees to all that real property described as follows:

Lot 125, as shown on the Map of TOPAZ SUBDIVISION, filed in the office of the County Recorder of Douglas County, Nevada, on August 10, 1954.

That DOMINIC R. RUBINO was one of the grantees named in said Deed and was the identical person named as DOMINIC FRANK RUBINO, the decedent, in that Death Certificate, a certified copy of which is annexed hereto as Exhibit "A" and made a part hereof, as if set forth in full, verbatim.

That your affiant is the surviving spouse of said decedent

and that said decedent died on the 20th day of July, 1986.

Mary Theresa Rubino Bulanis

SUBSCRIBED AND SWORN to before me

this 22 day of August, 1986.



JAMES M. O'REILLY Notary Public - State of Nevada **Appointment Recorded in Douglas County** MY APPOINTMENT EXPIRES SEPT. 27, 1968

JAMES M. O'REILLY ATTORNEY AT LAW PO BOX 1268 GARDNERVILLE, NV 89410 (702) 782-3647

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WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS Reno, Nevada

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

,	JLL 61 IMAGE	1170			1		
	LOCAL FILE NUMBER	R 1178	Last	DATE OF DEATH	(Month, Day, Year)	STATE FILE NUMBER	
VT /				l i		3a. Washoe	
ENT	1. Dominic	Frank	RUBINO	² July 2	1986	If Hosp, or Inst. indicate DOA, OP/	
NK	CITY, TOWN, OR LOCATION OF	•	R INSTITUTION—Name (If not eit.	er, give street and number)	(Specify Yes or No)	Rm. Inpatient (Specify)	
TIVE	3b. Reno	3c. Washoe	Medical Center		_{3d.} Yes	3. Inpatient	
3111	RACE-(e.g., White, Black, Ame Indian, etc) (Specify)	rican ETHNIC	12.5 d a 50 d d d d d d d d d d d d d d d d d d	ER I YEAR UNDER 1 DA		o., Day, Yr.) SEX	
ļ	4 White	46. Italian	5a. 71 5b.	5c.	6 June 18	. 1915 7. Male	
ж	STATE OF BIRTH	CITIZEN OF WHAT COUN	TRY MARRIED, NEVEL	MARRIED, SURVIN		maden name) WAS DECEDENT EVI	
IN CM	(If not U.S.A., name country)	. U.S.A.	WIDOWED, DIVO		ry Scattag	1ia U.S. ARMED FORCE:	
100K	SOCIAL SECURITY NUMBER	10.	10. L'U		NESS OR INDUSTRY	114 12	
NG CF		Working Life, Even if Ret	ired)				
ITEMS	-7232	14s Superint			Quarry	WOOD COVERNATO	
	RESIDENCE-STATE	COUNTY	CITY, TOWN, OR LOCATION		T AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
~	15a, Nevada	15b. Douglas	15c. Topaz Lak	15d.]	.944 Austin	15e. No	
	FATHER-NAME First	Middle	Last MOT	IER-MAIDEN NAME	First	Middle Lest	
TS.	16 Vito		Rubino 17.	Carme	111	Franks	
	16. VILO INFORMANT—NAME (Type or Pri	unt)	MAILING ADDRESS		R.F.D. No., City or Town,		
			P. 2	Gardnerville,	Novada 204	10	
	184 Mary Rubino	L OTHER (Consider Lorses		winner ATTTE	LOCATION	City or Town State	
	BURIAL CREMATION, REMOVAL OTHER (Specify) CEMETERY OR CREMATORY—NAME San Fernando Mission Cemetery San Fernando, California						
RON	19aBurial/Remova	a] 196.			19c.San Fer	nando, Callionii	
i.Ui.	FUNERAL DIRECTOR—SIGNATUR	E Or Person Acting as Suchi NAME					
	200.> (ILV)	Che 200. R	oss Burke & Kn	bel 2155 Kief	zke Lane,	Reno, Nevada	
- >	21a. To the best of my knowledge, death accorded at the time, days and place and due to the cause(s) stated.						
	(Signature and Title) DATE SIGNED (Mo., I	Day: Yr.) HOUR OF D	EATH	DATE SIGNED (ME		HOUR OF DEATH	
	麗 カ/) つ	101	***	d s	1		
IER	이를 21b. // 스	./ 8 21c. 14		22b.	76	22c. PRONOUNCED DEAD (Hour)	
	NAME OF ATTENDIN	G PHYSICIAN IF OTHER THAN CERT	IFIER (Type or Print)	PS PHONOUNCED D	EAD (Mo., Day, Yr.)	PHONOUNCED DEAD (HBOI)	
	원21d.		1	22d. ON	V	22e. AT	
		S OF CERTIFIER (PHYSICIAN, MEDIC			37 3-	00500	
	23. G. L.	Abrass, M. D.	85 Kirman Ave.	Suite 102 Ren	o, nevada	89502	
NS	REGISTRAR	11/1/	DATE RECEIV	D BY REGISTRAR (Mo., Day, Y	7.) DEATH DUE TO CO	MMUNICABLE DISEASE	
	24a. (Signature)	called A Bear	Dep. 246. Ju	ly 22, 1986	24c. YES []	но []	
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ST	DUE TO, OR ASIA	CONSEQUENCE OF			,	Interval between onset and of	
) (b) Cy	na Cana		<u> </u>			
	DUE TO, OR AS A	CONSEQUENCE OF:				 Interval between onset and o 	
05	(c)					:	
OF H	OTHER SIGNIFICANT	CONDITIONS—Conditions contribution	g to death but not related to caus	e given in PART 1 (a)	AUTOPSY IS	was case REFERRED TO	
	PART II				1	or No. CORONER (Specify Yes or No.) 27. NO	
	ACC, SUICIDE, HOM, UNDET.	DATE OF INJURY (Mo., Day, Yr. A H	OUR OF INJURY IDESCR	BE HOW INJURY OCCURRED	26. Yes	וְצַיִּי וְעָט	
\ L	OR PENDING INVEST.	or moon pro., pay, 11.1	20., 0, 1100				
750	284		8c. M 28d.				
M	INJURY AT WORK PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE			
N	(Specify Yes or No)	# building #tc./	Specify)		28g.		
1	(Specify Yes or No) 28e.	building, etc. (

VITAL RECORDS

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This is to certify that the above is a true and legal copy of the certificate on file in this office.

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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REQUESTED BY

AMENY O'REST STATE

IN OFFICIAL RECORDS OF TO

DOUGLAS CO., NEVADA

'86 SEP -5 P12:15

SUZANNE BEAUEREAU
RECORDER

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