

1 AFFIDAVIT ESTABLISHING DEATH OF JOINT TENANT,
2 AND TERMINATING INTEREST OF SUCH JOINT TENANT IN
3 REAL PROPERTY

4 In re: MARY LOUISE FRONTINO, Deceased

5
6 STATE OF NEVADA)
7) ss.
8 COUNTY OF DOUGLAS)

9 On this 23rd day of February, 1987, personally
10 appeared before me, the undersigned Notary Public within and for
11 the county and state aforesaid, VINCENT G. FRONTINO, who
12 being first duly sworn, deposes and says:

13 1. That he makes this affidavit pursuant to, and
14 under the authority of, N.R.S. 40.470.

15 2. That on the 6th day of May, 1980, by an instrument
16 appearing of record as File No. 44294, in Book 580, Page 395, of
17 Official Records of Douglas County, Nevada, all of which is
18 incorporated by reference herein, affiant and MARY LOUISE
19 FRONTINO acquired, as joint tenants with right of survivorship
20 certain real property situate in the County of Douglas, State
21 of Nevada, particularly described as follows:

22 Lot 126, as said lot is shown on the official map of
23 GARDNERVILLE RANCHOS UNIT NO. 2, filed in the office
24 of the County Recorder of Douglas County, State of
25 Nevada, on June 1, 1965, in Book 1 of Maps, Filing
No. 28309, and Amended Title Sheet on June 4, 1965,
Filing No. 28377.

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PETER L. KNIGHT
ATTORNEY AT LAW

Main Office

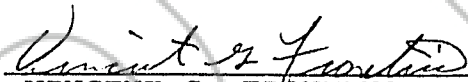
4th & Esmeralda
P.O. Box 1030
Minden, NV 89423
(702) 782-9721

Tonopah Office


Belmont Estates
P.O. Box 1271
Tonopah, NV 89049
(702) 482-6803

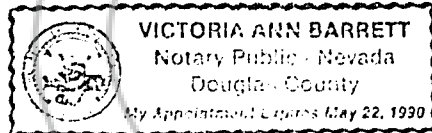
1 3. That the said MARY LOUISE FRONTINO died on the
2 6th day of December, 1980, at Washoe Medical Center, Reno,
3 Nevada, that a certified copy of the certificate of death of
4 said deceased is attached hereto and made a part hereof.

5 4. That affiant is the husband of such deceased,
6 and has personal knowledge of the fact set forth herein.

7
8 
9 VINCENT G. FRONTINO

10 SUBSCRIBED and SWORN to before me
11 this 23rd day of February,
12 1987.

13 
14 Notary Public



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17
18
19 PETER L. KNIGHT
ATTORNEY AT LAW

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STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

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

801006259
STATE FILE NUMBER

ROLL 49 IMAGE 267

LOCAL FILE NUMBER 1680

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION 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 Middle Last Mary Louise FRONTINO			2. DATE OF DEATH (Month, Day, Year) December 6, 1980		3. COUNTY OF DEATH Washoe		
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (if not in either, give street and number) Washoe Medical Center			3d. Hosp. or Inst. Indicate DOA, OPR, Emer. Am. Inpatient (Specify) Inpatient		
4a. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		4b. ETHNIC Scotch-Irish		5a. AGE—Last Birthday (Years) 41		5b. UNDER 1 YEAR MOS : DAYS	
5c. UNDER 1 DAY HOURS : MINS		6. DATE OF BIRTH (Mo., Day, Yr.) Sept. 4, 1939		7. SEX Female			
8. STATE OF BIRTH (if not U.S.A., name country) Arkansas		9. CITIZEN OF WHAT COUNTRY USA		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11. SURVIVING SPOUSE (if wife, give maiden name) Vincent Frontino	
12. WAS DECEASENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No		13. SOCIAL SECURITY NUMBER -8307		14a. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) Housewife		14b. KIND OF BUSINESS OR INDUSTRY Own Home 982-11	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER 1305 So. Riverview Dr	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER—NAME First Middle Last Ralph Johnson		17. MOTHER—MAIDEN NAME First Middle Last Gladys Cogbill			
18a. INFORMANT—NAME (Type or Print) Vincent Frontino			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1305 So. Riverview Drive, Gardnerville, Nevada				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal & Burial		19b. CEMETERY OR CREMATORY—NAME Lone Mountain Cemetery		19c. LOCATION City or Town State Carson City, Nevada			
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Carl Brubaker</i>		20b. NAME AND ADDRESS OF FACILITY Walton Funeral Home 875 W. Second St., Reno, Nevada					
21a. To be completed by CERTIFYING PHYSICIAN Only 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>John A. Shields, M.D.</i> DATE SIGNED (Mo., Day, Yr.) 12-8-80		21c. HOUR OF DEATH 3:10AM		22a. To be completed by MEDICAL EXAMINER or Coroner Only 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. CN 22e. AT			
23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) John A. Shields, M. D., 790 Willow Street, Reno, Nevada 89502							
24a. REGISTRAR <i>Cynthia Spurr</i> Deputy Registrar			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) December 9, 1980				
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							
PART I (a) <i>Breast Cancer metastatic to abdomen</i>		DUE TO, OR AS A CONSEQUENCE OF.		Interval between onset and death			
(b)		DUE TO, OR AS A CONSEQUENCE OF.		Interval between onset and death			
(c)		DUE TO, OR AS A CONSEQUENCE OF.		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				26. AUTOPSY (Specify Yes or No) No			
27. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) No							
28a. ACC. SUICIDE, HOMICIDE OR PENDING INVEST (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY			
28d. DESCRIBE HOW INJURY OCCURRED							
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			

By: *Lawrence P. Matheson* No. 22209
Seal

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

Date Issued: FEB 25 1981

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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BOOK 387 PAGE 357

COPY

REQUESTED BY
Peter Knight
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

'87 MAR -4 P1:57

SUZANNE BEAUCHEAU
RECORDER

\$ 8- PAID He DEPUTY

150973

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