RECORDING REQUESTED BY

Virginia E. Guazzini

AND WHEN RECORDED MAIL TO

Name Street

APN

Mrs. Virginia E. Guazzini 1477 Sandstone Drive Wellington, Nevada 89444

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit — Death of Joint Tenant

STATE OF CANALANCE Nevada	
County of Douglas	
V:	
That Gerald Guazzini the c	legal age, being first duly sworn, deposes and says: decedent mentioned in the attached certified copy of
named as one of the parties in that certainJoin executed by John Anden, President, Topaz L	nt Tenancy Deed dated Feb. 10, 1984 Development Conponation, a Nevada Conp.,
book. 1204, page 1924, of Official Records of	13.22.n. 33 on December 21, 1984, in f Douglas County, Nevada,
County West to the covering the following describe	d property situated in the
the state of the s	louglasState of Canaxanax
Nevada: Lot 3, Block L, as shown on the map of 7	Topaz Ranch Estates, Unit No. 4, filed
in the office of the County Recorder of	
37-403-10	,
I dealone under noneltu of novium, that the foresci-	
I declare under penalty of perjury, that the foregoing	- 1,7
Virginia E. Guazzini Print Name	Sign Name Virginia Gunzzing
Dated October 28, 1991	/
Dated	
SUBSCRIBED AND SWORN TO before me this	GIVEN B. LUGONE
28th day of October , 19.91	Notary Public — Nevada Duppers County
Simptime 7\ in a in B	My Aprovince 1 Expires Aug. 1, 1992

This document is only a general form which may be proper for use in simple transactions and in no way acts, or is intended to act, as a substitute for the advice of an attorney. The printer does not make any warranty, either express or implied, as to the legal validity of any provision or the suitability of these forms in any specific transaction.

Notary Public

Cowdery's Form No. 57 - AFFIDAVIT - Death of Joint Tenant - (Rev. 2/88)

263659

(Notarial Seal)



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

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TYPE /	DECEASED—NAME First		Midale			Last		TOATE OF DEATH	(Month, Day, Year)	STA	TE FILE NUMBER			
OR PRINT														
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Denon IIII	CHY, TOWN, OH EDGATION OF E	EAIH	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) If Hoso, or Inst indicate DOA, OP/En Rm. Inpatient (Specify)					1						
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888490AG	SOCIAL SECURITY NUMBER USUAL OCCUPATION Working Life, Even if R				(Give Kind of Work Done During Most of HILD OF BUSINESS OR INDUSTRY Retired)						N			
COVALETION OF PESICENCE ITEMS	6126	14	a. <u>J</u>	Barten				T 14b. Liqu	ior					
1.	RESIDENCE—STATE	COUNTY		•		I, OR LOCATIO		Sinc	ET AND NUMBER		dicible City Liveady Yes	er Net		
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	INFORMATIT—NAME , Type or Prin	1)			(C)	NG ADDRESS		·	F.D. Na., City or Tow		7			
	184 Virginia Guaz	zini					ndsto	ne Drive	, Wellingt					
	BURIAL, CREMATION, REMOVAL	OTHER ISE	ecity)	CEMETERY	OR CREMA	TORY-NAME		/	LOCATION	City or To	ywn S'	are		
Diopoorto	19aCremation			19b. Sie	rra C	remator	У			Reno		ada		
DISPOSITION	FUNERAL DIRECTOR—SIGNATUS OF Person Acting as Suchi	PE.	,	FUNERAL DI LICENSE NU	RECTOR MEER	NAME AND AD	DRESS OF F	FACILITY Wal	ton's Char					
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	= 21a To the best of my know due to the causers) star	ledge deale	occurred at th	ie time, date a	770	•	\	22a. On the basis of the time, do	of examination analorate and place and due	nvestigation, to the causel	in my opinion dea s) and manner sta	in occurred ted.		
	Signature and Title!	14.0	in M	Dec1	K, K	6	2 g b	(Signature and Title						
	DATE SIGNED (MO. D	affer	HO	UR OF DEAT	H T	1	complete complete	DATE SIGNED (MG	Day, Yr j	HOUR OF	DEATH			
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1	NAME AND ADDRESS					- N	1	76	P. Control of the Con		ICENSE NUMBER	3		
Ĺ	22a John H.	Pasel	c, MD.	1532	Hwy.	395, Ga	ırdner	ville, N	v. 89410		135.			
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AUSELIE	PART OTHER SIGNIFICANT	CONDITIONS	– Conditions c	confributing to	death but no	t resulting in the	underlying o	ausn given in Part I	AUTOPSY /	Scec. NA	S CASE REFERRI RONER Javady Y	ED TO 'es cr Nei		
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REQUESTED BY

Viscoin a Guagan

IN OFFICIAL RECORDS OF

DEUGLAS CO.. NEVADA

91 OCT 28 A10:33

SUZANNE BEAUDREAU
RECORDER

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BOOK 1091 PAGE 4574