

9- WHEN RECORDED MAIL TO:  
IRENE E. AMATO  
P.O. BOX# 1682  
GARDNERVILLE, NEVADA 89410

Escrow No. SUZANNE

AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA )  
 ) ss.  
County of DOUGLAS )

IRENE E. AMATO , of legal age, being first duly sworn,  
deposes and says:  
That PAUL JOHN AMATO, SR. , the decedent mentioned in the  
attached certified copy of Certificate of Death, is the same person as  
PAUL J. AMATO , named as one of the parties in that certain  
GRANT DEED dated 06/08/87, executed by  
MICHAEL K. SWIFT, PRESIDENT FOR MICHAEL K. SWIFT CONSTRUCTION CO. INC.

to  
PAUL J. AMATO AND IRENE E. AMATO, HUSBAND AND WIFE AS JOINT TENANTS WITH  
RIGHTS OF SURVIVORSHIP  
as joint tenants, recorded as Instrument No. 156178, on June 10, 1987 ,  
in Book 687 , Page 1213, of Official Records of DOUGLAS , County, Nevada  
covering the following described property situate in the County of  
DOUGLAS , State of Nevada:

LOT 11, IN BLOCK A, AS SET FORTH ON THAT CERTAIN MAP OF HERITAGE SQUARE  
TOWNHOUSES, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF  
DOUGLAS COUNTY, NEVADA ON APRIL 8, 1986, IN BOOK 486, PAGE 793, AS  
DOCUMENT NO. 133158.

APN# 25-570-11

Dated March 29, 1995

STATE OF NEVADA )  
 ) ss.  
County of DOUGLAS )

*Irene E. Amato*  
\_\_\_\_\_  
IRENE E. AMATO

On March 30, 1995 )  
before me, a notary public,  
personally appeared IRENE E.  
AMATO



personally known or proved to :  
me to be the person (s) whose :  
name (s) IS subscribed to the :  
above instrument who ack- :  
nowledged that SHE executed :  
the instrument. :

FOR RECORDER'S USE

*Suzanne Cheechov*  
\_\_\_\_\_  
Notary Public

359064  
BK 0395 PG 4832

# 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

ROLL 84 IMAGE 393

589

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

**DECEDENT**

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**

LOCAL FILE NUMBER		589		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last <b>Paul John AMATO SR.</b>			2. DATE OF DEATH (Month, Day, Year) <b>March 12, 1995</b>		3a. COUNTY OF DEATH <b>Washoe</b>
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>Washoe Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE—(e.g., White, Black, American Indian, etc) (Specify) <b>White</b>		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
7a. AGE—Last Birthday (Years) <b>73</b>		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS	
8. DATE OF BIRTH (Mo., Day, Yr.) <b>February 15, 1922</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Nebraska</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
10. Decedent's Education. Specify highest grade completed. <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Irene Sharpe</b>	
13. SOCIAL SECURITY NUMBER <b>1895</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Chef</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Gaming</b>	
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN, OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1212 Gilman</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER—NAME First Middle Last <b>John Paul Amato</b>			17. MOTHER—MAIDEN NAME First Middle Last <b>Alice Catherine Sandel</b>		
18a. INFORMANT—NAME (Type or Print) <b>Irene Amato</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P.O. Box 1682, Gardnerville, Nevada 89410</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY—NAME <b>Reno Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada</b>	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>45</b>		20c. NAME AND ADDRESS OF FACILITY <b>Northern Nevada Memorial 616 South Wells Avenue, Reno, Nevada 89502</b>	
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>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) <b>3/16/95</b>			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) and manner stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)		
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. PRONOUNCED DEAD (Mo., Day, Yr.)		
21c. HOUR OF DEATH <b>0815</b>			22c. PRONOUNCED DEAD (Hour)		
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>Donald A. Spring, M. D., 75 Pringle Way, Reno, NV. 89502</b>			22d. ON		
23a. REGISTRAR <i>[Signature]</i> Dep			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>March 17, 1995</b>		23b. LICENSE NUMBER <b>4433</b>
24c. 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) DUE TO, OR AS A CONSEQUENCE OF: <b>Septic Shock</b>			Interval between onset and death <b>12 hrs</b>		
(b) DUE TO, OR AS A CONSEQUENCE OF: <b>Sepsis, Renal Failure</b>			Interval between onset and death <b>24 hrs</b>		
(c) DUE TO, OR AS A CONSEQUENCE OF: <b>Acute Infarction MI</b>			Interval between onset and death <b>8 days</b>		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Pericarditis, GI Bleeding, Complete HTN</b>			26. AUTOPSY (Specify Yes or No) <b>NO</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>NO</b>
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	
28g. INJURY AT WORK (Specify Yes or No)		28h. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28i. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	

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**SEAL**

STATE REGISTRAR

No. 73197

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

Deputy Registrar: *[Signature]* Date: **MAR 21 1995**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

REQUESTED BY  
Irene Amato  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'95 MAR 30 AM 1:41

LINDA SLATER  
RECORDER

\$ 9<sup>00</sup> PAID AB DEPUTY

**359064**  
**BK 0395 PG 4834**