

REQUESTED BY
Robert Mattos
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 OCT -6 AM 10:44

WERNER CHRISTEN
RECORDER

\$15⁰⁰ PAID Ka DEPUTY

APN: 1420-08-212-013
Recording requested by and mail documents and
tax statements to:

Name: ROBERT N. MATTOS
Address: 214 ARBOR VALLEY CT.
City/State/Zip: SAN JOSE, CA 95119-1803.

AFF111
Nevada Legal Forms & Books, Inc. (702) 870-8977
www.legalformsrus.com

AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, ROBERT N. MATTOS

the Affiant, being of legal age, and being first duly sworn, deposes and says:

That AINO TAMMAR MATTOS

the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as, AINO T. MATTOS

named as one of the parties in that certain GRANT, BARGAIN AND SALE DEED
dated on the 4th day of OCTOBER, 2001, and executed by BRUCE G. MONTEITH
AND NANETTE C. MONTEITH CO-TRUSTEES OF THE MONTEITH TRUST
known as Grantor(s), to ROBERT N. MATTOS AND AINO T. MATTOS HUSBAND AND WIFE
known as Grantees, as joint tenants, and recorded as instrument number 0530574
on the 20th day of DECEMBER, 2001, in Book 1201 PG-6884 of Official Records
of DOUGLAS County, Nevada, covering the following described property situated
in the City of CARSON CITY, County of DOUGLAS, State
of Nevada. (Set forth legal description and commonly known street address, if known)

LOT 14 BLOCK 1 AS SHOWN ON THE AMENDED MAP OF SUNRIDGE HEIGHTS PHASE 5B A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON FEBRUARY 22, 1995, IN BOOK 295, PAGE 3219, AS DOCUMENT NO. 356642.
In Witness Whereof, I/We have hereunto set my/our hand(s) this 6th day of OCTOBER, 2003.

Robert N. Mattos
Signature

Signature

ROBERT N. MATTOS
Print or type name here

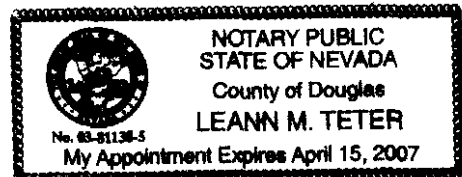
Print or type name here

STATE OF NEVADA)
COUNTY OF Douglas)
On this 6th day of OCT., 2003, personally appeared before me, a
Notary Public Robert N. MATTOS
personally known to me to be the person(s) whose name(e) is subscribed to the above instrument who
acknowledged that XheX executed this instrument. Witness my hand and official seal.

Leann M Teter
Notary Public

My Commission Expires: April 15, 2007

Consult an attorney if you doubt this forms fitness for your purpose.



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BK 1003PG2206

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT

VITAL RECORDS AND REGISTRATION

645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-1 (REV. 10/9)

1. NAME OF DECEDENT - FIRST (Given) Aino		2. MIDDLE Tammar		3. LAST (Family) MATTOS		LOCAL REGISTRATION NUMBER	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 10/27/1939		5. AGE Yrs. 63		6. UNDER ONE YEAR Months Days Hours Minutes	
8. BIRTH STATE/FOREIGN COUNTRY ESTONIA		10. SOCIAL SECURITY NUMBER 2054		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) 12		14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back.) CAUCASIAN		7. DATE OF DEATH mm/dd/yyyy 07/04/2003	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TECHNICIAN		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) SEMI CONDUCTOR		19. YEARS IN OCCUPATION 37		8. HOUR (24 Hours) 0540	
20. DECEDENT'S RESIDENCE (Street and number or location) 214 ARBOR VALLEY CT							
21. CITY SAN JOSE		22. COUNTY/PROVINCE SANTA CLARA		23. ZIP CODE 95119		25. STATE/FOREIGN COUNTRY CA	
28. INFORMANT'S NAME, RELATIONSHIP ROBERT MATTOS - SPOUSE		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 214 ARBOR VALLEY CT SAN JOSE, CA 95119					
29. NAME OF SURVIVING SPOUSE - FIRST ROBERT		29. MIDDLE NEWTON		30. LAST (Maiden Name) MATTOS			
31. NAME OF FATHER - FIRST KARL		32. MIDDLE ALFRED		33. LAST TAMMAR			
35. NAME OF MOTHER - FIRST ELISABETH		36. MIDDLE MARIA		37. LAST (Maiden) VESEN		34. BIRTH STATE ESTONIA	
38. BIRTH STATE RUSSIA		39. DISPOSITION DATE mm/dd/yyyy 07/08/2003					
40. PLACE OF FINAL DISPOSITION OAK HILL MEMORIAL PARK 300 CURTNER SAN JOSE CA		41. TYPE OF DISPOSITION(S) BURIAL					
44. NAME OF FUNERAL ESTABLISHMENT OAK HILL FUNERAL HOME		45. LICENSE NUMBER FD 991		46. SIGNATURE OF LOCAL REGISTRAR <i>Martin Rubenstein MD</i>		47. DATE mm/dd/yyyy 07/07/2003	
43. SIGNATURE OF EMBALMER <i>Elizabeth Rybicki</i>		43. LICENSE NUMBER 8487					
101. PLACE OF DEATH O'CONNOR HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other			
104. COUNTY SANTA CLARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 2105 FOREST AVENUE		106. CITY SAN JOSE			
107. CAUSE OF DEATH Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator withdrawal without allowing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) ACUTE MYELOID LEUKEMIA Sequentially list conditions, if any, leading to cause on Line A. Give UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. (B) (C) (D)		Time Interval Between Onset and Death (A) MOS (B) (C) (D)		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since 11/08/2002 Decedent Last Seen Alive 07/04/2003		115. SIGNATURE AND TITLE OF CERTIFIER <i>Martin Rubenstein MD</i>		116. LICENSE NUMBER 634432	
117. DATE mm/dd/yyyy 07/07/2003		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MARTIN RUBENSTEIN MD 50 E HAMILTON AVE CAMPBELL CA 95008					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)							
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		A B C D E		FAX AUTH. # 16548		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

COUNTY OF SANTA CLARA

DATE ISSUED **JUL 09 2003**



* H1675737 *

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fensterstein MD
MARTIN D. FENSTERSTEIN
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

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