

16

APN: 1420-06-310-031

RECORDING REQUESTED BY AND MAIL DOCUMENTS TO:

Name: Mary H Silva Bertolani

Address: 3683 Shavens Dr.

City/State/Zip: Carson City Nev 89705

MAIL TAX STATEMENTS TO:

Name: _____

Address: _____

City/State/Zip: _____

AFF111
 Nevada Legal Forms & Books, Inc. (702) 870-8977
 3901 West Charleston Boulevard
 Las Vegas, Nevada 89102
 www.legalformsrus.com

REQUESTED BY
Mary H Silva Bertolani

III OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

2004 JAN 23 PM 12:54

WERNER CHRISTEN
 RECORDER

\$ 16.00 PAID K2 DEPUTY

AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, Mary H. Bertolani Silva
 the Affiant, being of legal age, and being first duly sworn, deposes and says:
 That Joseph J. Silva
 the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as,
Joseph J. Silva
 named as one of the parties in that certain Will
 dated on the 8 day of December, 1983, and executed by Joseph J. Silva
 known as Grantor(s), to Joseph J. Silva and Mary H. Bertolani Silva
 known as Grantees, as joint tenants, and recorded as instrument number 092338
 on the 8 day of December 1983, in Book 1283 of Official Records
 of Douglas County 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)

See Exhibit A

In Witness Whereof, I/We have hereunto set my/our hand(s) this ___ day of _____, 20__.

<u>Mary H. Silva Bertolani</u> Signature	_____ Signature
<u>MARY H. SILVA BERTOLANI</u> Print or type name here	_____ Print or type name here

STATE OF NEVADA)
 COUNTY OF Douglas

On this 23rd day of January, 20 04, personally appeared before me, a
 Notary Public Mary H. Silva Bertolani
 personally known to me to be the person(s) whose name(e) is subscribed to the above instrument who
 acknowledged that 5 he executed this instrument. Witness my hand and official seal.

Mary Ann Wenner
 Notary Public

(Notary Stamp)



0602718

BK0104PG07622

6

R.P.T.T. \$ ~~except~~ 6

RECORDING REQUESTED BY

JOSEPH J. SILVA

AND WHEN RECORDED MAIL TO

Name
Street
Address
City &
State

✓ JOSEPH J. SILVA
3683 SHAWNEE DR.
CARSON CITY, NV. 89701

Exhibit A

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Joint Tenancy Deed

This Indenture made the Sixth day of December, 1983 one thousand nine hundred and eighty three

Between

Joseph J. Silva, a widower

the party of the first part,

and Joseph J. Silva and Mary H. Bertolani Silva, husband and wife as joint tenants, with right of survivorship.

the parties of the second part,

Witnesseth: That the said party of the first part, in consideration of the sum of

no dollars, lawful money of the United States of America to none in hand paid by the said parties of the second part, the receipt whereof is hereby acknowledged, do by these presents grant, bargain, and sell unto the said parties of the second part, in joint tenancy and to the survivor of them, and to the heirs and assigns of such survivor forever, all th

certain lot 58, piece or parcel of land situate in County of Douglas State of Nevada and bounded and described as follows, to wit:

Lot 58 of Sierra Estates, according to the Map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on September 27, 1960.

Together with the tenements, hereditaments, and appurtenances therunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

To Have and to Hold the said premises, together with the appurtenances, unto the said parties of the second part, as joint tenants, and not as tenants in common, with right of survivorship, and to the heirs and assigns of such survivor forever.

In Witness Whereof the said party of the first part, has executed this conveyance the day and year first above written.

Signed and Delivered in the Presence of

ROBERT L. KUESTRICK

Joseph J. Silva
JOSEPH J. SILVA

0602718

092338

BK 0104 PG 07623

BOOK 1283 PAGE 1206

CERTIFICATION OF VITAL RECORD

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

2002 0001812

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
1. Joseph John SILVA			2. February 8, 2002		3a. Douglas
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX
3b. Carson City		3c. 3683 Shawnee Drive		3e. 6	4. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no. If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	DATE OF BIRTH (Mo., Day, Yr.)
5. White		6.		7a. 86	8. April 28, 1915
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
9a. California		9b. U.S.A.		10. 17	11. Married
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. [REDACTED]-8063		14a. Contractor		14b. Construction	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER
15a. Nevada		15b. Douglas	15c. Carson City		15d. 3683 Shawnee Dr.
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes			
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
16. Fernanz Silva			17. Julia Marshall		
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Mary Silva - Wife			18b. 3683 Shawnee Drive, Carson City, NV 89705		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
20a. [Signature]		20b. 217	20c. 833 N. Edmonds Drive, Carson City, NV 89701		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			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)			(Signature and Title)		
DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH		HOUR OF DEATH
21b. 2/11/02			21c. 1429		22c.
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)
21d.			22d. ON		22e. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)					LICENSE NUMBER
23a. Merritt Dunlap, M.D., 1200 N. Mountain, Carson City, NV					23b. 8077
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) [Signature]		24b. Feb 13, 2002		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) Cardiac Arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Congestive Heart Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Coronary Artery Disease					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.				AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
26. No				27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
28a.		28b.	28c.	28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.	STREET OR R.F.D. No. CITY OR TOWN STATE
28e.		28f.		28g.	

0602718

BK0104 PG-07624 STATE REGISTRAR

No. 216572

12227

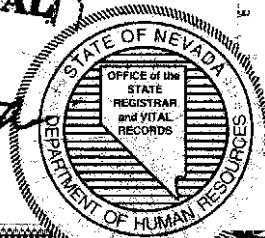
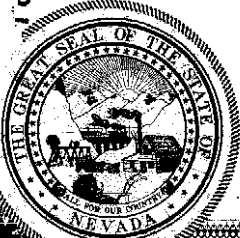
CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: JAN 22 2004

STATE REGISTRAR

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



Merritt Dunlap

SEAL