

DOC # 0638297  
03/07/2005 12:03 PM Deputy: KLJ  
OFFICIAL RECORD  
Requested By:  
JOE G ROMERO

WHEN RECORDED MAIL TO:

✓  
Joe G. Romero  
3595 Slate Road  
Wellington, NV 89444

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0305 PG- 2353 RPTT: 0.00



AFFIDAVIT BY SURVIVING JOINT TENANT

The undersigned, JOE G. ROMERO being first duly sworn, deposes and says:

That Affiant is the surviving spouse of ELIZABETH B. ROMERO and that the Affiant and the said ELIZABETH B. ROMERO deceased, are the Grantees in JOINT TENANCY under that certain Joint Tenancy Deed dated the 11th day of May, 1978, under the terms of which BRUCE G. LARSON AND PEGGY S. LARSON was Grantor to: JOE G. ROMERO AND ELIZABETH B. ROMERO as husband and wife as Joint Tenants, upon the terms, covenants and provisions as set forth therein, said document recorded JULY 27, 1978, in Book 778 at Page 1530 as Document No: 23363 of Official Records of Douglas County, Nevada.

Affecting all that certain piece of parcel of land situate in the County of Douglas, State of Nevada, as follows:

See "EXHIBIT A" attached hereto and made a part of.

That the said ELIZABETH B. ROMERO one of the Grantees in the Joint Tenancy Deed, died on the 20th day of January, 2005 and is the identical person named in that certain certified copy of Certificate of Death attached hereto as Exhibit "B" that the said certified copy of Death Certificate is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth. That all interest in and to said real property, hereinabove described, vested absolutely in Affiant namely, JOE G. ROMERO, as of the date of decedent's death.

Dated: March 7, 2005

Joe G. Romero  
JOE G. ROMERO

STATE OF NEVADA  
COUNTY OF Douglas

On March 7, 2005, before me, the undersigned, a Notary Public in and for said County, personally appeared Joe G. Romero, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature [Signature]  
NOTARY PUBLIC



EXHIBIT "A"

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 36, in Block R, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed in the office of the County Recorder of Douglas County, Nevada, on November 16, 1970.

EXCEPT THEREFROM all that portion of said land, more particularly described as follows:

BEGINNING at the Southeast corner of Lot 36, TOPAZ RANCH ESTATES UNIT NO. 4, which is the True Point of Beginning, proceed thence North  $87^{\circ} 18' 47''$  West, a distance of 212.00 feet, to the Southwest corner; thence North  $3^{\circ} 11' 25''$  East, a distance of 153.25 feet to the Northwest corner; thence South  $89^{\circ} 39' 39''$  East, a distance of 204.19 feet to the Northeast corner; thence South  $00^{\circ} 20' 21''$  West, a distance of 161.75 feet to the POINT OF BEGINNING.

A.P.N 1022-08-002-011



# 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 117 IMAGE 42  
LOCAL FILE NUMBER

238

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
	1. Elizabeth Barbara ROMERO		2. January 20, 2005		3a. Washoe
DECEDENT	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. Fun. Inpatient (Specify)
	3a. Reno		3c. Tahoe Pacific/South Meadows		3e. Inpatient
F DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS
	5. White	6.	7a. 85	7b.	7c.
PARENTS	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)	SURVIVING SPOUSE (If wife, give maiden name)
	9a. Michigan	9b. U.S.A.	10. 12	11. Married	12. Joe G. Romero
DISPOSITION	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY
	13. ████████-9215		14a. Assembly Worker		14b. Calculator Assembly
CERTIFIER	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
	15a. Nevada	15b. Douglas	15c. Wellington	15d. 3595 Slate Rd.	15e. NO
CAUSE OF DEATH	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		
	16. Joseph Liebgott		17. Mary Zimmerman		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a. Joe G. Romero		18b. 3595 Slate Rd., Wellington, Nevada 89444		
FATHER	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State
	19a. Cremation		19b. Walton's Sierra Crematory		19c. Carson City, Nevada
MOTHER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
	20a. <i>James Bernerdy</i>		20b. 09	20c. 1478 4th St., Minden, Nevada 89423	
REGISTRAR	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)		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)		
	21b. <i>1/25/05</i>		22b. <i>John Andrews</i>		
IMMEDIATE CAUSE	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
	21c. 1/25/05		21d. 0100		
OTHER SIGNIFICANT CONDITIONS	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		
	21d.		22c. AT		
ACC. SUICIDE, HON. UNDET., OR PENDING INVEST.	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER		
	23a. <i>JOHN ANDREWS 236 W. 6th St Reno NV</i>		23b. 4343		
INJURY AT WORK	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE		
	24a. <i>Pandi Sudjopo</i>	24b. January 27, 2005	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
PLACE OF INJURY	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				
	PART I (a) <i>Respiratory Failure</i>				
LOCATION	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
	(b) <i>MRSA bacteremia</i>		Interval between onset and death		
STREET OR R.F.D. No.	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		Interval between onset and death		
	<i>Hypertension encephalopathy</i>		Interval between onset and death		
CITY OR TOWN	ACC. SUICIDE, HON. UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	27. WAS CASE REFERRED TO CORONER (Specify Yes or No)
	28a.	28b.	28c. M	28d.	27. No
STATE	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
	28f.	28g.	28h.	28i.	28j.

STATE REGISTRAR

No. 277046

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

Deputy Registrar: *Barbara Lee Hunt*

Date: FEB 04 2005

WARNING: IT IS ILLEGAL TO ALTER

