

1318-03-110-029

Assessor's Parcel Number: _____

Recording Requested By:

Name: Cynthia Musso

Address: 4425 Spring Mountain, #220

City/State/Zip Las Vegas, NV 89102

R.P.T.T.: _____

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0406 PG- 9997 RPTT: 0.00



*2254595-WS

Affidavit - Death of Joint Tenant
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

STATE OF NEVADA
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

92 006044

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. Phillip Angelo MUSSO		DATE OF DEATH (Month, Day, Year) 2. July 5, 1992	COUNTY OF DEATH 3a. Douglas
CITY, TOWN, OR LOCATION OF DEATH 3b. Zephyr Cove		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 1073 Skyland Drive	If Hosp. or Inst. Indicate DOA, OP/Emr. Rm. Inpatient (Specify) 3e. 7 SEX 4. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no. If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7. 81	UNDER 1 YEAR MOS : DAYS 7b. : HOURS : MINS 7c. : DATE OF BIRTH (Mo., Day, Yr.) 8. Dec. 19, 1910
STATE OF BIRTH (If not U.S.A., name country) 9a. Michigan	CITIZEN OF WHAT COUNTRY 9b. USA	Decedent's Education. Specify highest grade completed. 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married SURVIVING SPOUSE (If wife, give maiden name) 12. Margaret McCranie
SOCIAL SECURITY NUMBER 13. ██████████ 4357	USUAL OCCUPATION (Give kind of work done during Working Yrs. Even if Retired) 14a. General Manager	INDUSTRY 14b. Gaming 802	
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Zephyr Cove	STREET AND NUMBER 15d. 1073 Skyland Dr. INSIDE CITY LIMITS (Specify Yes or No) 15e. No
FATHER—NAME First Middle Last 16. Casimiro Musso		MOTHER—MAIDEN NAME First Middle Last 17. Rosa DeLorente	
INFORMANT—NAME (Type or Print) 18a. William Muss6		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 4927 Lancaster Dr. Las Vegas, Nv. 89120	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Removal-Entombment	CEMETERY OR CREMATORY—NAME 19b. Skyview Memorial Lawn	LOCATION City or Town State 19c. Vallejo California	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>William Muss6</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. 21	NAME AND ADDRESS OF FACILITY 20c. Walton's Chapel of the Valley 02 1281 N. Roop St. Carson City, Nevada 89706	
To be Completed by CERTIFYING PHYSICIAN	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>Gary H. Cooper MD</i> DATE SIGNED (Mo., Day, Yr.) <i>July 5, 1992</i>		To be Completed by Coroner's Office
	21b. NAME OF ATTENDING PHYSICIAN (If other than Certifier, Type or Print) 21d. Gary H. Cooper MD, 2155 South Ave., South Lake Tahoe, Ca.		
	21c. HOUR OF DEATH 21e. 0424		
	21f. LICENSE NUMBER 21g. 4821		
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <i>July 10, 1992</i>	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)	Lymphoma		Interval between onset and death 4 months
PART I (b)	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
PART I (c)	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death
PART II	Arteriosclerotic Heart Disease Diabetes Mellitis		AUTOPSY (Specify Yes or No) 26. No WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes
ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE

TYPE OR PRINT IN PERMANENT INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK FOR COMPLETION OF CERTIFICATE ITEMS

PARENTS

POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE LISTING THE UNDERLYING CAUSE LAST

USE OF DEATH



BK- 0406
PG- 9999

No. 039669

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STATE REGISTRAR

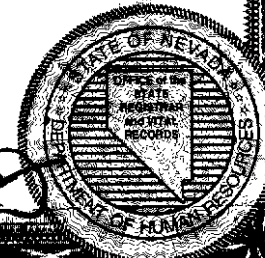
103749 CERTIFIED COPY OF VITAL RECORDS

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: FEB 15 2006

[Signature]
STATE REGISTRAR

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



Legal Description Exhibit "A"

LOT 61, AS SHOWN ON THE MAP OF SKYLAND SUBDIVISION NO. 1, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON FEBRUARY 27, 1958.

