1318-03-(10-029
Assessor's Parcel Number:
Recording Requested By:
Name: Cynthia Musso
Address: 4425 Spring Mountain #220
City/State/Zip Las Vegas, NV 89/02
R.P.T.T.:

DOC # 0673719 04/28/2006 01:33 PM Deputy: PK OFFICIAL RECORD Requested By:

FIRST AMERICAN TITLE COMPANY

Douglas County - NV Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00 BK-0406 PG-9997 RPTT: 0.00



*2254595-W5

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.

C\bc docs\Cover page for recording

RECORDING REQUESTED BY
Alliance Title Company
AND WHEN RECORDED MAIL TO

Name Street MARGARET E MUSSO 1073 SKYLAND DRIVE

City,State

ZEPHYR COVE, NV 89448

Order No. 61-00656187

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA COUNTY OF DOUGLAS	S.S.	
MARGARET E MUSSO	, of lega	al age, being first duly swom, deposes and says:
That PHILLIP A. MUSSO	, the de	ecedent mentioned in the attached certified copy
of Certificate of Death, is the same person as PHILLIP	A MUSSO	
named as one of the parties in that certain JOINT TEN	ANCY DEED	dated 06-12-1959
executed by ARTHUR BERBERIAN		
to PHILLIP A, MUSSO AND MARGARET E. MUSSO, SURVIVORSHIP, recorded as Instrument No. N/A Book XX & - , Page 431	Deed	ND WIFE, AS JOINT TENANTS WITH RIGHT OF 15 15 15 15 15 15 15 15 15 15 15 15 15
County, NEVADA, covering the following described pro	operty situated in	n the CITY OF ZEPHYR COVE
County of DOUG		, State of NEVADA:
That the value of all real and personal property owned by property described, did not then exceed the sum of \$	said decedent	at date of death, including the full value of the
State of NEVADA County of DOUGLAS SUBSCRIBED AND SWORN TO (or affirmed) before me on this		Margaret E. Duesso
MARGARET F. MUSSO		
Personally known to me or proved to me on the basis of satisfact evidence to be the person(s) who appeared before me. Signature	etory	TRISH WITHERSPOON Notary Public - State of Nevada Appointment Recorded in Washoe County No: 91-2786-2 - Expires October 1, 2007

(This area for official notorial seal)



BK- 0406 PG- 9998 04/28/2006

STATE OF NEWADA

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

006044

	_	LOCAL FILE NUMBER	14,42.3			\	STATE FILE NUMBER
TYPE R PRINT (DECEASED-NAME First	Middle	Last	DATE OF DEATH (Month	Day, Year)	COUNTY OF DEATH
IN RMANENT		, Phillip	Angelo 🦯	MUSSO	² July 5, 1	992	3a. Douglas
ACK INK		CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITU		e street and number) if Has	n. or Inst. Indicate DC	
		3b. Zephyr Cove	1079 011 44	. 67	; Rm. I	patient (Specify)	4.Male
CEDENT				information of the contract of	3e.	UNDER 1 DAY	
			as Decedent of Hispanic Origin? Spec pecify Mexican, Cuban, Puerte Rican, o		y (Years) MQS . DAYS	HOURS MINS	
		5. White 6.	SaldBill W	William Annual State Control of the	The state of the s	7c.	⁸ Dec. 19, 1910
IF DEATH		STATE OF BIRTH (if not U.S.A., name country)	CITIZEN OF WHAT COUNTRY Deci	edent's Education. Specify his le completed.	MARRIED, NEVER MAR	RIED, SUR	VIVING SPOUSE (If wife, give maiden name)
CCURRED IN Institution		9a. Michigan	L USA	12	Marri	ed 12	Margaret McCranie
E HANDBOOK		SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GRee Rend of Working Life; Even 17 Toron) 148. General	More Done During House	KATO OF BUSINESS O	A INDUSTRY	
MPLETION OF IDENCE ITEMS		4357	14a Genera	1 Manager	146 Gamin	- BO2 (^	* /
DESTRUCTIONS		RESIDENCE-STATE COUNT		TOWN, OR LOCATION	STREET AND		INSIDE CITY LIMITS
L >				Zephyr Cove	The art was	· * 1 .	(Specify Yes or No.)
- (>		AN THE CASE MALE AND THE PARTY.			3 Skyland	
RENTS		FATHER—NAME First			AIDEN NAME First	Midd	
كجلاحتن		16. Casimiro 🥀	Muss		Rosa		DeLorente
:	Ţ	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	- Sec. 1288	City or Town, State,	
		18a William Musso 🔑 🥕		4927 Lanca	st er Dr. La s	Vegas Nv.	89120
1		BURIAL, CREMATION, REMOVAL, OTHER		EMATORY—NAME		37 37 36	or Town State
1		19a. Removal-Entombu	1000 h 1000 h 1000 h	w Memorial La	L (7.7. ≥ 38 √ 3.8	**************************************	o California
BOSITION		FUNERAL DIRECTOR—SIGNATURE				1 aurel	Cartiornia
		(Or Person Acting as Such)	LUCENSE NUMBER		Walton'	Chapel o	of the Valley 02
Ļ	>	20a. > Well- illett	20 2 0 20 20 20 20 20 20 20 20 20 20 20 20 20	THE LIGHT N.	Koop St. Carl	son City,	Nevada 89706
ſ		Z 21a. To the best of my knowledge of due to the cause(s) stated.	of curred at the time date with pla	co and	22a. On the basis of examile at the time, date and p	ation and/or investiga are and due to the co	tion, in my opinion death occurred suse(s) and manner stated.
	`\ \	Signature and Title)	LHILLTONAN		TO THE SECTION OF STREET 1		The state of
7		due to the cause(s) stated (Signature and Title) DATE SIGNED (Mo., Day, V.) Page 21b. NAME OF ATTENDING PHI SIGNED (Mo.) 21d. 21d.	REPURCE DE MA		DATE SIGNED (Mo., Day, Y	r) HOUÆ	OF DEATH
	j	類 21b. アゴル い	1992 210 0424		220	22c.	
RTIFIER	ì	NAME OF ATTENDING PHENIC	AN INOTHER THAN CERTIFIER AND		PRONOUNCED DEAD (Mo.,	14 27 2 . T	OUNCED DEAD (Hour)
	. •	e		F			
i		£10.	TIPLER (PHYSICIAN, ATTENDING PH	VOCAL STATE OF THE	22d ON	22e. A	T LICENSE NUMBER
		_					,
١	\		per MD. 2155 Sou				23b. 4821
NDITIONS	P	REGISTRAR		DATE RECEIVED BY A	GISTRAR (No., Day, Yr.) DE/	ATH DUE TO COMMU	JNICABLE DISEASE
	1	24a. (Signature)		M. O. aline	38) 240	YES 🗍 NO	ox /
ICH GAVE IISE TO MEDIATE CAUSE ITING THE DERLYING	1	25. IMMEDIATE CAUSE (ENTER ONL	V ONE CHUSE PER LINE FOR INC. ID	AND (ell)			Interval between creet and death
TING THE	K	Lymphoma		Training Control of the Control of t	f .:		4 months
DERLYING USE LAST	1	DUE TO, OR AS A CONSEG	WENCE OF:				Interval between onset and death
. / .					· · ·	ì	
└ />	1	2,8 DUE TO, OR AS A CONSEC	NACHOE OF				
/	20	DUE TO, OH AS A CONSEC	(UCNUE UP:		~ () () ()		Interval between onset and death
USE OF	7	(c)	.\				
EATH	1	PART	DNS—Conditions contributing to death b		cause given in Part I. AUTO	SY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
	١	<pre>" Arteriosclerot</pre>	ic Heart Disease	Diabetes 1	dellitis 26	No.	27. Yes
1	1	ACC., SUICIDE, HOM., UNDET., DATE OF OR PENDING INVEST.	HOUR OF IN	JURY DESCRIBE HIQW	INJURY OCCURRED	Pa ·	
(-4		(Specify)	28c.	M 284		•	
194		ZON	OF INJURY—At home, term, street, fector	acisiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	STREET OR R.F.D. No.	CITY OF	TOWN STATE
- 1		(Specify Yes or No)	building, etc. (Specific)	- ST Mark 1985 - 1		. 5.11 01	
•	V,	28f. 28f.		28g.	·		\
	- 1	I III II		BK-	0406	. Nic	039669
,				PG-	9999	140	
		06737	19 Page: 3 C	of $4 04/28$, ´ -
THE PARTY NAMED IN	nin.	The state of the s	∄ STA	ATE REGISTRAR		r in	
	_	SALUE.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· /. /			and the second s

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.

FEB 1 5 2006

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.



BK- 0406 PG-10000 04/28/2006