

18

DOC # 0699819
04/26/2007 10:45 AM Deputy: GB
OFFICIAL RECORD
Requested By:
ROSANNE COBURN

APN#: 1022-29-411-013

Recording Requested By:
Western Title Company, Inc.

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 5 Fee: 18.00
BK-0407 PG- 7776 RPTT: 0.00



When Recorded Mail To:
✓ Rosanne Coburn
3470 Topaz Lane
Gardnerville, NV
89410

Mail Tax Statements to: (deeds only)
Rosanne Coburn
SAME

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.
(Per NRS 239B.030)

Signature Rosanne Coburn
Rosanne Coburn Owner

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

THOMAS A. COBURN and ROSANNE COBURN, of legal age, being first duly sworn, deposes and says:

That ANGELO ANTHONY SCIASCIA, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ANGELO A. SCIASCIA named as one of the parties in that certain Grant dated 09/05/2001 executed by THOMAS A. COBURN and ROSANNE COBURN to THOMAS A. COBURN and ROSANNE COBURN, husband and wife and ANGELO A. SCIASCIA, unmarried man all as joint tenants, recorded as instrument No. 0522690, on 09/13/2001, in Book 0901, Page 2910, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 26, as shown on the Amended Map of TOPAZ LODGE SUBDIVISION, FIRST AND SECOND SECTIONS, filed in the office of the County Recorder of Douglas County, State of Nevada, on September 16, 1958, in Book 3 of Maps, Page 3, as File No. 13594.

Affidavit – Death of Joint Tenant – Page 2

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ \$0.00.

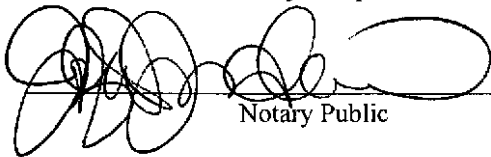
Dated _____



INDIVIDUAL ACKNOWLEDGEMENT

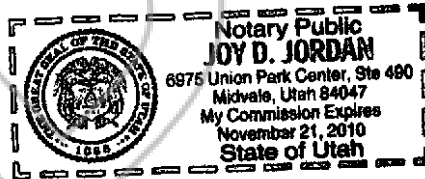
STATE OF UTAH)
) SS.
COUNTY OF Salt Lake)

On this day personally appeared before me **Thomas A. Coburn** to me known to be the individual, or individuals described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned. Given under my hand and official seal this **23rd** day of **April, 2007**.


Notary Public

Residing at: **West Jordan, Utah**

Commission Expires: **02/15/2009**



[Handwritten Signature]

Thomas A. Coburn-Surviving Joint Tenant

[Handwritten Signature]

Rosanne Coburn-Surviving Joint Tenant

STATE OF NEVADA

}SS

COUNTY OF Douglas

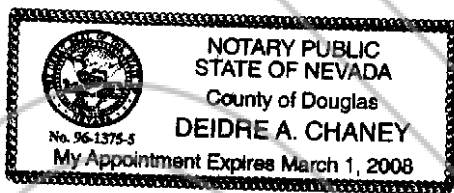
This instrument was acknowledged before me on

April 26, 2007.

by Rosanne Coburn.

Deidre A Chaney

Notary Public



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

CERTIFICATE OF DEATH

2007001444

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME - FIRST Angelo			1b. MIDDLE Anthony			1c. LAST SCIASCIA			2. DATE OF DEATH (Mo/Day/Year) March 29, 2007			3a. COUNTY OF DEATH Washoe					
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno			3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) Renown Regional Medical Center			3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient			4. SEX Male								
DECEDENT	5. RACE (e.g. White; Black; American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-Hispanic			7a. AGE - Last birthday (Years) 77			7b. UNDER 1 YEAR MOS: DAYS			7c. UNDER 1 DAY HOURS: MINS			8. DATE OF BIRTH (Mo/Day/Yr) December 09, 1929		
	9a. STATE OF BIRTH (If not U.S.A., name country) New York			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced			12. SURVIVING SPOUSE (if wife, give maiden name)					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Aerospace			14b. KIND OF BUSINESS OR INDUSTRY Military											
	15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 3470 Topaz Lane			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
PARENTS	16. FATHER - NAME (First Middle Last Suffix) Stephano SCIASCIA						17. MOTHER - NAME (First Middle Last Suffix) Antonina BASILLE											
	18a. INFORMANT - NAME (Type or Print) Rosanne COBURN						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4268 Dunmore Ct. Taylorsville, Utah 84123											
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Sierra Crematory			19c. LOCATION City or Town State Reno Nevada 89501											
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE 622			20c. NAME AND ADDRESS OF FACILITY Northern Nevada Cremation and Burial 10101 S Virginia Reno NV 89511											
TRADE CALL	TRADE CALL - NAME AND ADDRESS																	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) VERNON MCCARTY SIGNATURE AUTHENTICATED						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) stated. (Signature & Title)											
	21b. DATE SIGNED (Mo/Day/Yr)			21c. HOUR OF DEATH			22b. DATE SIGNED (Mo/Day/Yr) April 03, 2007			22c. HOUR OF DEATH 17:30								
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr) March 29, 2007			22e. PRONOUNCED DEAD AT (Hour): 17:30								
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Vernon, McCarty Po. Box 11130 Reno, NV 89520									23b. LICENSE NUMBER WCC S.35								
REGISTRAR	24a. REGISTRAR (Signature) LAURA DANIELS SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 04, 2007			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
CAUSE OF DEATH	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))									Interval between onset and death								
	PART I (a) Closed head injury									Interval between onset and death								
	(b) DUE TO, OR AS A CONSEQUENCE OF: Blunt force automobile trauma									Interval between onset and death								
	(c) DUE TO, OR AS A CONSEQUENCE OF:									Interval between onset and death								
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in Part I									26. AUTOPSY (Specify Yes or No) No			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT			28b. DATE OF INJURY (Mo/Day/Yr) March 25, 2007			28c. HOUR OF INJURY 1110			28d. DESCRIBE HOW INJURY OCCURRED Driver of auto that left roadway and overturned								
	28e. INJURY AT WORK (Specify Yes or No) No			28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Highway			28g. LOCATION: STREET OR R.F.D. No Highway 395 north of North Fort Road			CITY OR TOWN Inyo County			STATE California					
	STATE REGISTRAR																	



BK- 0407
PG- 7780
04/26/2007

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QSRB1004-Rev-E2e

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

Deputy Registrar: Mary A. Anderson

Date: APR 04 2007

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

