



A.P.N.: 1320-33-816-066
File No: ()

When Recorded return to, and mail Tax Statements to:
Mrs. Cameneti
1359 Chichester Drive
Gardnerville, NV 89410

AFFIDAVIT - TERMINATING JOINT TENANCY

Helen M. Cameneti, of legal age, being first duly sworn, deposes and says:

That **Dominic A. Cameneti**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Dominic A. Cameneti** named as one of the parties in that certain **Grant Bargain Sale Deed** dated **10/6/03** executed by **West Ridge Homes Inc., a Nevada Corporation** to **Dominic Anthony Cameneti AND HELEN M. CAMENETI** as joint tenants, recorded as Document No. **593162** on **10/10/2003** in Book **1003** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

See exhibit "A" attached hereto and made a part hereof

Helen M. Cameneti 12/19/08

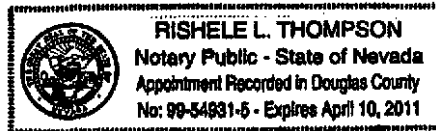
Helen M. Cameneti Date

STATE OF **NEVADA**)
) :SS.
COUNTY OF **DOUGLAS**)

This instrument was acknowledged before me on
12/19/08 by

Helen M. Cameneti
Rishele L. Thompson

Notary Public
(My commission expires: 4/10/11)



This instrument is being recorded as an "Accommodation Only" by First American Title Insurance Company and has not been examined as to its validity, execution or its effect upon title, if any.

EXHIBIT "A"

LEGAL DESCRIPTION

Lot 17, Block B, as set forth on FINAL SUBDIVISION MAP No. 1006-11 for CHICHESTER ESTATES, PHASE 11, filed in the office of the County Recorder of Douglas County, Nevada and recorded December 27, 2002 in Book 1202, Page 12732, as Document No. 562225, and by Certificate of Amendment recorded March 27, 2003 in Book 0303, Page 13037, as Document No. 0571430.

Assessors Parcel Numbers 1320-33-816-066

COPY



BK-109
PG-770

**STATE OF NEVADA
CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH**

2008018280
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE ->
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Dominic Anthony CAMENETI		2. DATE OF DEATH (Mo/Day/Year) December 05, 2008		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1359 Chichester Dr.		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 78	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 19, 1930	
9a. STATE OF BIRTH (if not U.S.A., name country) Ohio		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Elen Marie SMITH			
13. SOCIAL SECURITY NUMBER 4218		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner/operator		14b. KIND OF BUSINESS OR INDUSTRY Deli	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1359 Chichester Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
18. FATHER - NAME (First Middle Last Suffix) Anthony CAMENETI			17. MOTHER - NAME (First Middle Last Suffix) Nancy VIOLA		
18a. INFORMANT- NAME (Type or Print) Randall C REAVES		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 5406 Cherry Ridge Dr Camarillo, California 93012			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 4th Street Minden NV 89423	
TRADE CALL - NAME AND ADDRESS:					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEPHEN J HEWITT DO 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) December 08, 2008		21c. HOUR OF DEATH 15:10		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Stephen J Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA 89449			
23b. LICENSE NUMBER 1107		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 11, 2008		24c. DEATH DUE TO COMMUNICABLE DISEASE 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) Pancreatic Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____		Interval between onset and death Yrs		Interval between onset and death	
PART II		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC., SUICIDE, HDM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)			
28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			

STATE REGISTRAR

563748

BK-109
PG-771
735428 Page: 3 of 3 01/08/2009

VSS-Rev. 2008T

246568 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: **12/12/2008**

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

PBNCO (Rev) 11/06

Rand White
SIGNATURE AUTHENTICATED

