

15

OFFICIAL RECORD

Requested By:

NANCY REY JACKSON

APN 1320-33-310-045

Recording requested by and mail documents
and tax statements to:

Teresa Mullins

✓ 999 Hillside Drive
Carson City, NV 89705

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 2 Fee: 15.00
BK-0209 PG- 1095 RPTT: 0.00



AFFIDAVIT OF TERMINATION OF JOINT TENANCY

STATE OF NEVADA)
)§
COUNTY OF DOUGLAS)

TERESA A. MULLINS, of legal age, being duly sworn, deposes and says:

1. That ANGELA R. COGOZZO, the decedent mentioned in the attached certified copy of certificate of death, was, until her death, and is the same person as ANGELA R. COGOZZO, named as one of the parties in that certain deed by and between ANGELA R. COGOZZO and ALBERT J. COGOZZO, her husband, as joint tenants, concerning the real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 5, Block A, as set forth on Final Subdivision Map FSM-1006 of CHICHESTER ESTATES Phase 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 12, 1995, in Book 995 at Page 1407, as Document No. 370215 and Amended by Certification of Amendment recorded March 5, 1997 in Book 397, Page 654 as Document No. 407852, Official Records, and further Amended Certification of Amendment recorded July 17, 2001 as document No. 518480, of Official Records. APN 1320-33-310-045

2. That this affidavit is executed and recorded for the purposes of terminating the interest of said ANGELA R. COGOZZO in and to the hereinabove-described real property.

Dated this 3rd day of February 2009.

Teresa A. Mullins
TERESA A. MULLINS

STATE OF NEVADA)
)§
COUNTY OF DOUGLAS)

On this 3rd day of February 2009, personally appeared before me, a Notary Public, Teresa A. Mullins, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that she executed the above instrument.

[Signature]
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2008016030
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) Angela R COGOZZO		2. DATE OF DEATH (Mo/Day/Year) October 23, 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) 1486 Grendon Way		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify)	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 92		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 28, 1915		9a. STATE OF BIRTH (If not U.S.A., name country) Wisconsin		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Albert COGOZZO	
13. SOCIAL SECURITY NUMBER 1047		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Real Estate Broker		14b. KIND OF BUSINESS OR INDUSTRY Real Estate	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1486 Grendon Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Michael RUSSO	
17. MOTHER - NAME (First Middle Last Suffix) Devina TOTERO		18a. INFORMANT- NAME (Type or Print) Albert COGOZZO		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1486 Grendon Way Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED DAVID HOWARD JOHNSON M.D.					
21b. DATE SIGNED (Mo/Day/Yr) October 24, 2008		21c. HOUR OF DEATH 09:00		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) David Howard Johnson M.D. 1624 Library Lane Minden, NV 89423		23b. LICENSE NUMBER 4143		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 28, 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) Senile Dementia DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)	
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28a. DATE OF INJURY (Mo/Day/Yr)		28b. HOUR OF INJURY	
28c. INJURY AT WORK (Specify Yes or No)		28d. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28e. DESCRIBE HOW INJURY OCCURRED	
28f. INJURY AT WORK (Specify Yes or No)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		26. AUTOPSY (Specify Yes or No) No	
28h. INJURY AT WORK (Specify Yes or No)		28i. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	

STATE REGISTRAR

561588



BK- 0209
PG- 1096

RS-Rev-2008T

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240275 CERTIFIED COPY OF VITAL RECORDS

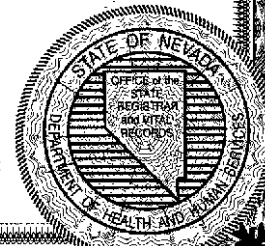
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 10/28/2008

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

PRNCO (Rev) 1106

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE