

OFFICIAL RECORD

Requested By:
THOMAS J HALL

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 42.00
BK-1109 PG- 1016 RPTT: # 0



Assessor's Parcel Number: 1318-03-212-054

Recording Requested By:

Name: Nunzie V. Fragola c/o Leiby, Hanna
Address: 388 S. Main Street, Suite 402
City/State/Zip: Akron, Ohio 44311

Mail Tax Statements to:

Name: _____
Address: _____
City/State/Zip: _____

Please complete Affirmation Statement below:

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

-OR-

I the undersigned hereby affirm that this document submitted for Recording contains the social security number of a person or persons as required by law: _____ (state specific law)

Thomas J. Hall Attorney
Signature (Print name under signature) Title
Thomas J. Hall, Esq.

Affidavit by Surviving Joint Tenant

(Title of Document)

If legal description is a metes & bounds description furnish the following information:

Legal description obtained from: Grant; Bargain Sale Deed (Document Title), Book: 1098 Page: 3694
Document # 0452060 recorded 10/19/98 (Date) in the Douglas County Recorders Office.

-OR-

If Surveyor, please provide name and address:

This page added to provide additional information required by NRS 111.312 Sections 1-4.
(Additional recording fees apply)

WHEN RECORDED MAIL TO:
Nunzie V. Fragola
c/o Leiby Hanna Rasnick
388 S. Main Street, Suite 402
Akron, Ohio 44311

APN 1318-03-212-054

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF OHIO)
) ss.
COUNTY OF SUMMIT)

NUNZIE V. FRAGOLA, being first duly sworn, deposes and says that:

Affiant was a Joint Tenant Grantee in the Deed dated October 13, 1998, wherein, Charles J. Rouse and Misoon L. Rouse, husband and wife, were Grantors, and Nunzie V. Fragola and Marilyn J. Fragola, husband and wife as joint tenants, were Grantees, conveying real property situate in the County of Douglas State of Nevada, described as follows:

Lot 158, as shown on the Map of Skyland Subdivision No. 3, filed on February 24, 1960, as Document 15653, Official Records, Douglas County, Nevada.

APN 1318-03-212-054

Together will all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise pertaining.

Such Grant, Bargain and Sale Deed was recorded on October 19, 1998, in Book 1098, at Page 3694, as Document 0452060, Official Records, Douglas County, Nevada.

Marilyn Joann Fragola died in Summit County, Ohio on August 30, 2007, and is the identical person named in the certified copy of Certificate of Death attached hereto and made a part hereof.

DATED this 21st day of October, 2009.

Nunzie V. Fragola
Nunzie V. Fragola

STATE OF OHIO)
) ss.
COUNTY OF SUMMIT)

On October 21st, 2009, before me, the undersigned, a Notary Public in and for said State, personally appeared NUNZIE V. FRAGOLA, personally known to me or proved to me on the basis of satisfactory evidence to be the person who executed the above instrument.

I certify under penalty of perjury under the laws of the State of Ohio that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Lauretta J. Fulton
NOTARY PUBLIC



LAURETTA J. FULTON, Notary Public
Summit County
Ohio
My Commission Expires March 11, 2013



LAURETTA J. FULTON, Notary Public
Residence Summit County
Statewide Jurisdiction Ohio
My Commission Expires March 11, 2013

Reg. Dist. No. 77
Primary Reg. Dist. No. 7701
Registrar's No. 17701-2007-001711

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH

State File No.

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) MARILYN JOANN FRAGOLA						2. Sex Female	3. Date of Death (Mo/Day/Year) August 30, 2007
4. Social Security Number 278-22-8230	5a. Age (Years) 80	5b. Under 1 Year Months Days	5c. Under 1 day Hours Minutes	6. Date of Birth (Mo/Day/Year) July 02, 1927	7. Birthplace (City and State or Foreign Country) AKRON, OHIO		
8a. Residence State OHIO		8b. County SUMMIT		8c. City or Town STOW			
8d. Street and Number 4545 Commodore Dr.				8e. Apt. No.	8f. Zipcode 44224	8g. Inside City Limits? Yes	
9. Ever in US Armed Forces? No		10. Marital Status at Time of Death Married		11. Surviving Spouse's Name (if wife, give name prior to first marriage) NUNZIE FRAGOLA			
12. Decedent's Education HIGH SCHOOL GRADUATE OR GED		13. Decedent of Hispanic Origin No		14. Decedent's Race White			
15. Father's Name JOHN LACASELLA				16. Mother's Name (prior to first marriage) GENOVIVE LICAUSE			
17a. Informant's Name NUNZIE FRAGOLA				17b. Relationship to Decedent Husband		17c. Mailing Address (Street and Number, City, State, Zip Code) 4545 Commodore Dr. STOW, OHIO 44224	
18a. Place of Death Hospital - Emergency Room / Outpatient				18b. Facility Name (if not institution, give street & number) SUMMA HEALTH SYSTEMS		18c. City or Town, State and Zip Code AKRON, OH 44304	
18d. County of Death SUMMIT							
19. Signature of Funeral Service Licensed or Other agent <i>John H. M. ...</i>		20. License Number (of licensee) 008329		21. Name and Complete Address of Funeral Facility THE CLIFFORD-SHOEMAKER FUNERAL HOME			
22a. Method of Disposition Burial		22b. Date of Disposition September 04, 2007		22c. Location (City/Town or State) 1830 FRONT ST CUYAHOGA FALLS, OH 44222			
22d. Place of Disposition (Name of Cemetery, Crematory, or other place) Northlawn Memorial Gardens		22e. Location (City/Town or State) PENINSULA, OH		22f. Location (City/Town or State) CUYAHOGA FALLS, OH 44222			
23. Registrar's Signature <i>Tawanda M. Weems</i>				24. Date Filed September 4, 2007			
25a. Name of Person Issuing Burial Permit WEEMS, TAWANDA				25b. District No. 7701		25c. Date Burial Permit Issued August 31, 2007	
26a. Coroner (Check only one) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner 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) and manner stated.		26b. Time of Death 0637		26c. Date Pronounced Dead (Mo/Day/Year) August 30, 2007		26d. Was case referred to coroner? No	
27. Signature and Title of Coroner <i>Joseph ...</i>				28. License number 35.037941		29. Date Signed 8/31/07	
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death MELI, JOSEPH JESSE, 3500 W Market Street AKRON, OH 44333							
28. Part I. IPR/WHO caused, helped, or contributed to the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or liver failure. List only one cause on each line. Type or print in permanent blue or black ink.							
Immediate Cause (that disease or condition resulting in death)		Cardiopulmonary Arrest					Approximate Interval Between Onset and Death 45 minutes
Sequentially list conditions, if any, leading to immediate death		Hypertensive Cardiovascular Disease 10 years					
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)							
Part II. Other significant conditions contributing to death, but not resulting in the underlying cause given in Part I.							
30. Was an Autopsy Performed? No		31. Were Autopsy Findings Available Prior To Completion Of Cause of Death?					
32. Was the Cause of Death Natural?							
33a. Date of Injury (Mo/Day/Year)		33b. Time of Injury		33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		33d. Injury at Work?	
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)							
33f. Describe How Injury Occurred:						33g. If Transportation Injury, Specify:	

I HEREBY CERTIFY THIS DOCUMENT IS AN EXACT COPY OF THE RECORD ON FILE WITH THE OHIO DEPARTMENT OF HEALTH.

00 23 09 00 14 94

Tawanda M. Weems
TAWANDA M. WEEMS, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE & SEAL