

APN 1219-15-001-091

Recording requested by and please mail to:

✓ Thomas E. Perkins, Ltd.
1625 Hwy 88, Ste. 304
Minden, Nevada 89423

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0310 PG- 2939 RPTT: 0.00



Send tax statements to:

Lucille Rao
911 Bollen Circle
Gardnerville, NV 89460

AFFIDAVIT TERMINATING JOINT TENANCY

LUCILLE J. RAO, having first been duly sworn, and under penalty of perjury,
deposes and says as follows:

1. Affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated;
2. Affiant is the surviving joint tenant of Ricky V. Rao, deceased;
3. On November 10, 2005, the decedent, Ricky V. Rao, and Affiant acquired title as joint tenants with the right of survivorship in real property and improvements situated in Douglas County, Nevada, by that Grant, Bargain and Sale Deed recorded in the Official Records of Douglas County, Nevada, Document No. 0666218, in Book 0106 at Page 7233-4; the said real property being more particularly described as follows:

Lot 30, of Sheridan Acres, Unit No. 1, as shown on the official map recorded June 8, 1966, in Book No. 1 of Maps in the Recorder Office of Douglas County Nevada, as Document No. 32485.

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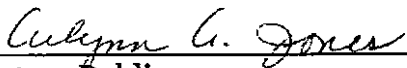
4. Ricky V. Rao died in Pico Rivera, California, on February 20, 2010. A certified copy of the Death Certificate of Ricky V. Rao is attached to this Affidavit.

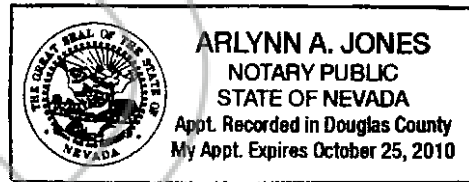
5. At the time of death of Ricky V. Rao, the title to the real property described in paragraph 3 continued to be held by Ricky V. Rao and Lucille J. Rao as joint tenants, with right of survivorship. As a result of the death of Ricky V. Rao and the joint tenancy form of title, the real property described in paragraph 3 is now owned by Lucille J. Rao.

DATED this 11 day of March, 2010.


LUCILLE J. RAO

Subscribed and sworn to before me by
Lucille J. Rao this 11th day of March,
2010.


Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

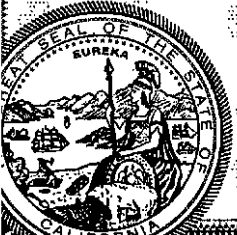
CERTIFICATE OF DEATH 3201019007179

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WRITINGS OR ALTERATIONS (SEE INSTRUCTIONS ON REVERSE)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) RICHARD		2. MIDDLE VINCENT		3. LAST (Family) RAO	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) RICKY VINCENT RAO		4. DATE OF BIRTH mm/dd/yyyy 08/17/1956	5. AGE Yrs. 53	6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY NY		10. SOCIAL SECURITY NUMBER 3218	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SP/DP (at Time of Death) DIVORCED	7. DATE OF DEATH mm/dd/yyyy 02/20/2010
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PIPE FITTER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CONSTRUCTION		19. YEARS IN OCCUPATION 28	
20. DECEDENT'S RESIDENCE (Street and number, or location) 8222 MANZANAR AVENUE					
21. CITY PICO RIVERA		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 90660	24. YEARS IN COUNTY 3
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP JAMES RAO, BROTHER			
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 8222 MANZANAR AVENUE, PICO RIVERA, CA 90660					
28. NAME OF SURVIVING SPOUSE/SP/DP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST JAMES		32. MIDDLE JOHN		33. LAST RAO	
34. BIRTH STATE NY		35. NAME OF MOTHER/PARENT - FIRST JOAN		36. MIDDLE THERESA	
37. LAST (BIRTH NAME) GARNISH		38. BIRTH STATE NY			
39. DISPOSITION DATE mm/dd/yyyy 02/25/2010		40. PLACE OF FINAL DISPOSITION RES. JAMES RAO 8222 MANZANAR AVENUE, PICO RIVERA, CA 90660			
41. TYPE OF DISPOSITION CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT WHITE EMERSON MORTUARY		45. LICENSE NUMBER FD 217	46. SIGNATURE OF LOCAL REGISTRAR JONATHAN FIELDING, MD		47. DATE mm/dd/yyyy 02/24/2010
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/ICP <input type="checkbox"/> DCA <input type="checkbox"/> Home/UTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE: <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 8222 MANZANAR AVENUE		106. CITY PICO RIVERA	
107. CAUSE OF DEATH Immediate Cause: CIRRHOSIS OF LIVER, ALCOHOL-RELATED Final disease or condition resulting in death		108. Interval Between Onset and Death (YRS) YRS		109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. BODYS PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO					
115. SIGNATURE AND TITLE OF CERTIFIER HONG LIANG M.D.		116. LICENSE NUMBER A66820		117. DATE mm/dd/yyyy 02/23/2010	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE HONG LIANG M.D. 1343 N. GRAND AVENUE STE. 100, COVINA, CA 91720					
119. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#		CENSUS TRACT	

BK- 0310
PG- 2941
03/12/2010
076095 Page: 3 Of 3

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

* HD 1769559 *



DATE ISSUED
Jonathan E. Fielding 037 FEB 24 2010
Director of Public Health and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

