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DOC # 0764347 05/27/2010 01:18 PM Deputy: SO OFFICIAL RECORD Requested By: JOHN V NIGRA

> Douglas County - NV Karen Ellison - Recorder

Page: 1 0

of 2

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Fee:

A.P.N. 1022-15-001-018

When Recorded Mail To:
/ John Vincent Nigra
25015 Laurie Lane
Los Molinos, CA 96055

## AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That JOHN DAVID NIGRA, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOHN D. NIGRA named as one of the parties in that certain Grant, Bargain, Sale Deed dated March 18, 2010, executed by JOHN D. NIGRA, a single man to JOHN D. NIGRA, a single man and JOHN VINCENT NIGRA and NICOLE NIGRA, husband and wife all as joint tenants, recorded as Instrument No. 0760584 on March 23, 2010 of Official Records of Douglas, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 14, in Block B, as shown on the map of TOPAZ RANCH ESTATES UNIT NO.4, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212.

A.P.N. 1022-15-001-018

Dated: May 27, 2010

John VINCENT NIGRA

STATE OF NEVADA

) SS.

COUNTY OF DOUGLAS )

personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that

executed the instrument.

SUSAN LAPIN
NOTARY PUBLIC
STATE OF NEVADA
No.02-74683-5 My Appt. Exp. Mar. 21, 2014

Notary Public

## STATE OF NEW DA

## CERTIFICATION OF VITAL RECORD

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2010007370

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STATE	21	E	MI	13.5	REE	į

	1a. DECEASED-NAME (FIRST, MIDDLE, LA	FOT OUTEDA				la communication
PRINT IN	1	the state of the s			DEATH (Mo/Day/Year)	138. COUNTY OF DEATH
PERMANENT BLACK INK	John David NIGR	A" India	nomini di di kabila	iji   jalata	lay 14, 2010	Carson City:
E ST. ST.	3b. CITY, TOWN, OR LOCATION OF DEAT		R INSTITUTION -Name(if not	either, give street 3	.ff:Hosp. or Inst: indicate DC	A,OP/Emer. Rm 4. SEX
	Carson City	and number)	hoe Regional Medical		patient(Specify) Inpatie	nt Male
DECEDENT	5 RACE White	6. Hispanic Orig				8. DATE OF BIRTH (Mo/Day/Yr)
	(Specify)	No - Non-His			DAYS HOURS   MINS	
ŧ			ne ar de	65	,c., Riving I	January 17, 1945
IF DEATH OCCURRED IN			TRY 10 EDUCATION 11. MA			RVIVING SPOUSE OR DOMESTIC
INSTITUTION	name country) California	United States		CED (Specify) Divorc	anam ama ama	
SEE HANDBOOK REGARDING			live Kind of Work Done During	Most of 14b. KIN	D OF BUSINESS OR INDUS	
COMPLETION OF	2.1	Vorking Life, Even if Retired)	Carpenter	-	Building	Forces? No
RESIDENCE .	15a. RESIDENCE - STATE 15b. GOUN	VTY 15c. CI	TY, TOWN OR LOCATION	15d. STREET AN	O NUMBER	15e. INSIDE CITY LIMITS (Specify Yes
	Nevada	Douglas	Wellington	4170 Gray H	ils Road	or No No
	16. FATHER - NAME (First Middle Last				t Middle Last Suffix)	
PARENTS	1	adimir NIGRA	- Militaria (1971)		la Catherine BUSC	AGUAS
	18a INFORMANT- NAME (Type or Print)		8b, MAILING ADDRESS (S	treet or R.F.D. No, City		Average 14 and
k vilja ikt s	John Vincent Nic		and the second s		os Molinos, California	GANSS TO THE
			11100 \$ 1 10 1 / APIG			
DISPOSITION	19a, BURIAL, CREMATION, REMOVAL, O	ных (зреслуктур, СЕМЕТ	A	*	19t. LOCATION	City or Town State
**************************************	Ordination.	The latest and a	La Paloma	- Maria - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	in the section	Reno Nevada
	20a FUNERAL DIRECTOR - SIGNATURE		20b. FUNERAL	20c. NAME AND ADD	RESS OF FACILITY	
<b>4</b> 4. 44. 44.	JOHN LAWR	31	DIRECTOR EICENSE	4.0	Autumn Funerals & 0	and an et a later to
		THENTICATED	304R	115	75 N Lompa Ln Carson	City NV 89701
TRADE CALL	TRADE CALL - NAME AND ADDRESS					, , , ,
	ਨੂੰ 21a. To the best of my knowledge, d			2a. On the basis of ex	amination and/or investigation	n, in my opinion death occurred at
2.11	ਰੂ ਹੈ due to the cause(s) stated. (Signatu		OTHENTICATED 7		e and due to the cause(s) sta	ited. (Signature & Title)
CERTIFIER		21c. HOUR OF DEA		22b. DATE SIGNED (N		HOUR OF DEATH
CLKIIFICK	8 9 May 21, 2010	10: HOUR OF BEA		220. DATE SIGNED (I	ANDENATION ZEO.	
بط سے ک شروا	21d. NAME OF ATTENDING PHYS	100 100 L	a 5	22d. PRONOUNCED I	- 5.1	PRONOUNCED DEAD AT (Hour)
		ICHANIN GTUEK TUNU CEKT	I FAREN	ZZO, PRUNUUNGED I	ACAD (MOIDSALLI)   TTA	1 HOLICONIOCES OFF PART AND
g war a market and a	H. III (Type or Print)	ar 1974 - 1974		mulika ilika		
	<u> </u>	P (PUVEICIAN ATTENDING	DIVERSIAN MEDICAL EVAN	NEB OF COOMED	(Trans or Orint)	35 LICENSE NUMBER
	23a. NAME AND ADDRESS OF CERTIFIE	R (PHYSICIAN, ATTENDING V Maiva 1600 Medica	PHYSICIAN, MEDICAL EXAM	NER OR CORONER	(Type or Print)	36 LICENSE NUMBER
	23a. NAME AND ADDRESS OF CERTIFIED Dr. VIJay	y Maiya 1600 Medica	al Parkway Carson City	NV 89703		🏋 👙 - 11909. 🕍 . 🕮
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIED Dr. VIJa 24a. REGISTRAR (Signature)	y Maiya 1600 Medica JENELLE BALDWI	al Parkway Carson City  A 245 DATE	, NV 89703 RECEIVED BY REGIS	TRAR 24c, DEATH D	11909
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0764347

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MAY 2 1 2010

STATE HEGISTRAR





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

