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

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

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 2 Fee: 15.00
BK-0510 PG- 5446 RPTT: 0.00

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

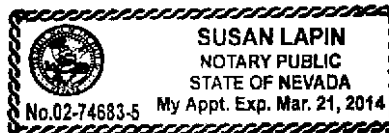
STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

On May 27, 2010, before me, a notary public, personally appeared John Vincent Nigra,

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

he executed the instrument.

Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010007370
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) John David NIGRA		2. DATE OF DEATH (Mo/Day/Year) May 14, 2010		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Carson Tahoe Regional Medical Center		3e. Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		5. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last (birthday) (Years) 65		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 17, 1945		9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE OR DOMESTIC PARTNER	
13. SOCIAL SECURITY NUMBER 1135		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Carpenter		14b. KIND OF BUSINESS OR INDUSTRY Building	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 4170 Gray Hills Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) Lucio Vladimir NIGRA			17. MOTHER - NAME (First Middle Last Suffix) Eda Catherine BUSCAGLIAS		
18a. INFORMANT - NAME (Type or Print) John Vincent NIGRA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 25015 Laurie Lane Los Molinos, California 96055			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) VIJAY MAIYA <i>SIGNATURE AUTHENTICATED</i>			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) May 21, 2010		21c. HOUR OF DEATH 10:00		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11909	
24a. REGISTRAR (Signature) JENELLE BALDWIN <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 21, 2010		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				Interval between onset and death	
(a) Small Bowel Obstruction					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) Rectal Carcinoma					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c)					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d)					
PART II				25. AUTOPSY (Specify Yes or No) No	
26a. ACC, SUICIDE, HOM, UNDET OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		26e. INJURY AT WORK (Specify Yes or No)			
26f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		26g. LOCATION		26h. STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



BK- 0510
PG- 5447
0764347 Page: 2 Of 2 05/27/2010

VRS-Rev-20090902

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

MAY 21 2010

STATE REGISTRAR

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

