

OFFICIAL RECORD  
Requested By:  
NANCY REY JACKSON

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0810 PG-2494 RPTT: 0.00



Assessor's Parcel Number: 1320-30-816-001

Recording Requested By:

Name: Nancy Rey Jackson, Ltd.  
Address: 1591 Mono Avenue  
City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Aurora Iturri  
Address: P.O. Box 1663  
City/State/Zip: Minden, NV 89423

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-

XX 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: NRS 440.090 (state specific law)

Carrie M. Jackson  
Signature (Print name under signature)

Secretary  
Title

AFFIDAVIT OF TERMINATION OF JOINT TENANCY

(Title of Document)

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

Legal description obtained from: \_\_\_\_\_ (Document Title), Book: \_\_\_\_\_ Page: \_\_\_\_\_  
Document # \_\_\_\_\_ recorded \_\_\_\_\_ (Date) in the \_\_\_\_\_ 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)

APN: 1320-30-816-001  
When Recorded Return and  
Mail Tax Statements To:  
Aurora Iturri  
P O Box 1663  
Minden, NV 89423

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY**

STATE OF NEVADA        )  
                                  )§  
COUNTY OF DOUGLAS    )

AURORA ITURRI, of legal age, being duly sworn, deposes and says:

1. That ESTEBAN ITURRI, the decedent mentioned in the attached certified copy of certificate of death, was, until his death, and is the same person as ESTEBAN ITURRI, named as one of the parties in that certain deed by and between ESTEBAN ITURRI and AURORA ITURRI, his wife, as joint tenants, of official records of Douglas County, State of Nevada, described as follows:

LOT 1, AS SHOWN ON THE MAP OF BELARRA SUBDIVISION UNIT 2-A, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JULY 26, 1977, AS INSTRUMENT #11365. APN: 1320-30-816-001

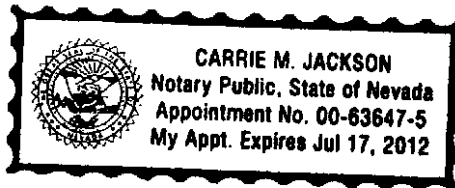
2. That this affidavit is executed and recorded for the purposes of terminating the interest of said ESTEBAN ITURRI in and to the hereinabove-described real property.

Dated this 29<sup>th</sup> day of July 2010.

*Aurora Iturri*  
\_\_\_\_\_  
AURORA ITURRI

On this 29<sup>th</sup> day of July 2010, personally appeared before me, a Notary Public, Aurora Iturri, 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**

**2008015893**  
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) <b>Esteban ITURRI</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 17, 2008</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>1631 Olva Street</b>		3e. If Hosp or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify)	
5. RACE White (Specify)		6. Hispanic Origin? Specify Yes - BASQUE		7a. AGE-Last birthday (Years) <b>79</b>	
9a. STATE OF BIRTH (if not U.S.A. name country) <b>Spain</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>1321</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Dairyman</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Dairy</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
16. FATHER - NAME (First Middle Last Suffix) <b>Jose ITURRI</b>		17. MOTHER - NAME (First Middle Last Suffix) <b>Anizeta ERRO</b>			
18a. INFORMANT- NAME (Type or Print) <b>Aurora ITURRI</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1631 Olva Street Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV. 89410</b>	
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 <b>KAREN SUE McDERMOTT M.D.</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>October 22, 2008</b>		21c. HOUR OF DEATH <b>18:37</b>		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) <b>Karen Sue McDermott M.D. 1625 E Prater Way #108 Sparks, NV 89434</b>		23b. LICENSE NUMBER <b>6450</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 27, 2008</b>		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).)		Interval between onset and death			
PART I					
(a) <b>End Stage Chronic Obstructive Pulmonary Disease</b>					
(b) <b>Coronary Artery Disease</b>					
(c) <b>Peripheral Artery Disease</b>					
(d)					
PART II				26. AUTOPSY (Specify Yes or No) <b>No</b>	
28a. ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

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239352 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:

10/27/2008

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

PHNCO (REV 11/06)

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

VRS-Rev-2008T

