

OFFICIAL RECORD
Requested By:
NANCY REY JACKSON

Assessor's Parcel Number: 1220-04-513-007

Recording Requested By:

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

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0810 EG- 2497 RPTT: 0.00



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-

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: 1220-04-513-007
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 10, AS SHOWN ON THE FINAL MAP OF CARSON VALLEY ESTATES SUBDIVISION UNIT NO. 5, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON AUGUST 11, 1972, AS DOCUMENT NO. 61096.
APN: 1220-04-513-007

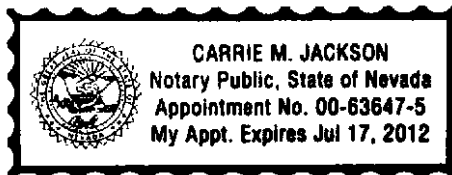
2. That this affidavit is executed and recorded for the purposes of terminating the interest of said ESTEBAN ITURRI in and to the hereinabove-described real property.

Dated this 29th day of July 2010.

Aurora Iturri
AURORA ITURRI

On this 29th 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 BEE 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) Esteban ITURRI		2. DATE OF DEATH (Mo/Day/Year) October 17, 2008		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) 1631 Olva Street		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify Yes - BASQUE		7a. AGE-Last birthday (Years) 79	
9a. STATE OF BIRTH (if not U.S.A., name country) Spain		9b. CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 12	
13 SOCIAL SECURITY NUMBER 1321		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Dairyman		14b. KIND OF BUSINESS OR INDUSTRY Dairy	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1631 Olva Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
16. FATHER - NAME (First Middle Last Suffix) Jose ITURRI		17. MOTHER - NAME (First Middle Last Suffix) Anizeta ERRO		12 SURVIVING SPOUSE (if wife, give maiden name) Aurora URRUTIA	
18a. INFORMANT- NAME (Type or Print) Aurora ITURRI		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1631 Olva Street Minden, Nevada 89423		19c. LOCATION City or Town State Minden Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1360 Highway 395 N Gardnerville NV. 89410	
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) KAREN SUE MCDERMOTT M.D. SIGNATURE AUTHENTICATED			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) October 22, 2008		21c. HOUR OF DEATH 18:37		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) Karen Sue, McDermott M.D., 1625 E. Prater Way #108 Sparks, NV 89434				23b. LICENSE NUMBER 6450	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 27, 2008		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).)				25. AUTOPSY (Specify Yes or No) No	
PART I				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
(a) End Stage Chronic Obstructive Pulmonary Disease				Interval between onset and death	
(b) Coronary Artery Disease				Interval between onset and death	
(c) Peripheral Artery Disease				Interval between onset and death	
(d)				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) No	
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

0768463 Page: 3 Of 3 08/11/2010

BK- 0810
PG- 2499

VRS-Rev-2008T

239353 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) 11/05

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

