

OFFICIAL RECORD

Requested By:

CARLO BERTOLONE

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 of 2 Fee: 15.00  
BK-0311 PG- 3916 RPTT: 0.00

A.P.N. 1320-32-116-007

When Recorded Mail To:  
Carlo Bertolone  
P.O. Box 659  
Minden, NV 89423



**AFFIDAVIT - DEATH OF JOINT TENANT**

The undersigned being first duly sworn, deposes and says:

That BARBARA BERTOLONE, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as BARBARA J. BERTOLONE named as one of the parties in that certain GRANT, BARGAIN AND SALE DEED executed on April 30, 1991, executed by CARLO BERTOLONE who acquired title as CARLO BERTALONE and BARBARA J. BERTOLONE, who acquired title as BARBARA J. BERTALONE and CARLO BARTOLONE and BARBARA J. BERTOLONE, husband and wife as joint tenants with right of survivorship, recorded as Instrument No. 250006, Book 591, Page 591 on May 6, 1991 of Official Records of Douglas, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 3, in Block C, as shown on the Official Map of Wildrose Subdivision No. 3, Unit 2, filed in the Office of the County Recorder of Douglas County, Nevada on June 29, 1972, as Document No. 60350.

TOGETHER with tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

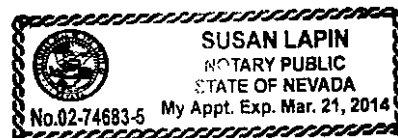
Dated: March 16, 2011

  
\_\_\_\_\_  
CARLO BERTOLONE

STATE OF NEVADA     )  
  ) SS.  
COUNTY OF DOUGLAS )

On March 18, 20 11, before me, a notary public, personally appeared CARLO BERTOLONE, 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**

**2009010662**  
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>Barbara BERTOLONE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 16, 2009</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4 SEX <b>Female</b>		7a. AGE-Last birthday (Years) <b>70</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>November 22, 1938</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>15</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Carlo BERTOLONE</b>		13. SOCIAL SECURITY NUMBER <b>1989</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Counseling Secretary</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Douglas High School</b>		Ever in US Armed Forces? <b>No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1604 Wildrose</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Joe FIGINI</b>	
17. MOTHER - NAME (First Middle Last Suffix) <b>Virginia BERTONI</b>		18a. INFORMANT - NAME (Type or Print) <b>Carlo BERTOLONE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1604 Wildrose Minden, Nevada 89423</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Crementation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> <i>SIGNATURE AUTHENTICATED</i>		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>	
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) <b>JOSE ALFREDO AGUIRRE MD</b> <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) <b>July 18, 2009</b>		21c. HOUR OF DEATH <b>11:15</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) <b>Jose Alfredo Aguirre MD 1600 Medical Parkway Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>11479</b>	
24a. REGISTRAR (Signature) <b>JENELLE BALDWIN</b> <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 27, 2009</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).)					
PART I				Interval between onset and death	
(a) <b>Cardiac Arrest</b>				Interval between onset and death	
(b) <b>Metastatic Lung Cancer</b>				Interval between onset and death	
(c) <b></b>				Interval between onset and death	
(d) <b></b>				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (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		28d. DESCRIBE HOW INJURY OCCURRED			
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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BK- 0311  
PG- 3917

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CERTIFIED COPY OF VITAL RECORDS

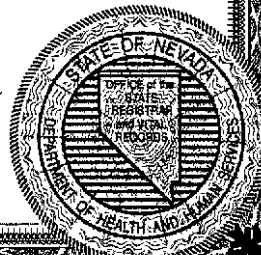
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

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

07/27/2009

*R. Baldwin*  
STATE REGISTRAR  
*SIGNATURE AUTHENTICATED*



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FB/CO (Rev) 11/06