

APN: 1220-27-110-019

Douglas County - NV

Karen Ellison - Recorder

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BK-0411 PG- 4424 RPTT: 0.00



After Recording Mail to:

Doris Dantone  
1384 Rancho Rd.  
Gardnerville, NV 89460

The undersigned affirms that this document **does** contain the social security number of any person, as required by NRS 440.380. (NRS 239B.030).

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA )  
 : ss.  
COUNTY OF DOUGLAS )

DORIS DANTONE, being duly sworn, declares:

That JOHN G. DANTONE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOHN DANTONE, named as one of the parties in the Joint Tenancy Deed executed by Charles L. Wester and Elma Wester to John Dantone and Doris Dantone, husband and wife as joint tenants with right of survivorship, and recorded as Instrument No.391857 on July 12, 1996, in Book 0796, Page 1743 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

Lot 147, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, as Document No. 72456.

Per NRS 111.312, this legal description was previously recorded at Instrument No.391857 on July 12, 1996, in Book 0796, Page 1743 of Official Records of Douglas County, Nevada.

*Doris Dantone*  
**DORIS DANTONE**

Subscribed and sworn to before me this 22<sup>nd</sup> day of April, 2011.

[Seal]

**KAREN L. WINTERS**  
Notary Public  
STATE OF NEVADA  
No.90-1742-5 Exp.1/30/14

*Karen L. Winters*  
NOTARY PUBLIC

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2011000950

STATE FILE NUMBER

<b>1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)</b> John G DANTONE	<b>2. DATE OF DEATH (Mo/Day/Year)</b> January 11, 2011	<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> Male		
<b>5 RACE (Specify)</b> White	<b>6 Hispanic Origin? Specify No - Non-Hispanic</b>	<b>7a. AGE-Last birthday (Years)</b> 90
		<b>7b UNDER 1 YEAR</b> MOS   DAYS
		<b>7c UNDER 1 DAY</b> HOURS   MINS
<b>8. DATE OF BIRTH (Mo/Day/Yr)</b> October 02, 1920		
<b>9a STATE OF BIRTH (If not U.S.A., name country)</b> New York	<b>9b. CITIZEN OF WHAT COUNTRY</b> United States	<b>10. EDUCATION</b> 12
<b>11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> Married		<b>12 SURVIVING SPOUSE (if wife, give maiden name)</b> Doris GLYNN
<b>13 SOCIAL SECURITY NUMBER</b> [REDACTED] 9135	<b>14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)</b> Office Worker	<b>14b. KIND OF BUSINESS OR INDUSTRY</b> Trucking
<b>15. Ever in US Armed Forces? Yes</b>		
<b>15a RESIDENCE - STATE</b> Nevada	<b>15b. COUNTY</b> Douglas	<b>15c. CITY, TOWN OR LOCATION</b> Gardnerville
<b>15d. STREET AND NUMBER</b> 1384 Rancho Rd		<b>15e. INSIDE CITY LIMITS (Specify Yes or No)</b> Yes
<b>16. FATHER/PARENT - NAME (First Middle Last Suffix)</b> Gasper DANTONE		
<b>17. MOTHER/PARENT - NAME (First Middle Last Suffix)</b> Nicoletta ROBITTO		
<b>18a. INFORMANT - NAME (Type or Print)</b> Doris DANTONE		
<b>18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)</b> 1384 Rancho Rd Gardnerville, Nevada 89410		
<b>19a BURIAL, CREMATION, REMOVAL, OTHER (Specify)</b> Cremation		
<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 SIGNATURE AUTHENTICATED		<b>20b FUNERAL DIRECTOR LICENSE</b> 217
<b>20c NAME AND ADDRESS OF FACILITY</b> FitzHenry's Carson Valley Funeral Home 1380 Highway 895 N Gardnerville, NV 89410		
<b>TRADE CALL - NAME AND ADDRESS</b>		
<b>21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature &amp; Title)</b> SIGNATURE AUTHENTICATED CRAIG STEVEN RAU M.D.		
<b>21b DATE SIGNED (Mo/Day/Yr)</b> January 19, 2011		<b>21c. HOUR OF DEATH</b> 19:06
<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 &amp; Title)</b>		
<b>22b DATE SIGNED (Mo/Day/Yr)</b>		<b>22c. HOUR OF DEATH</b>
<b>21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</b>		<b>22d. PRONOUNCED DEAD (Mo/Day/Yr)</b>
<b>22e PRONOUNCED DEAD AT (Hour)</b>		
<b>23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)</b> Craig Steven Rau M.D. 880 Alder Ave., Ste 200 Incline Village, NV 89451		<b>23b. LICENSE NUMBER</b> 10991
<b>24a REGISTRAR (Signature)</b> CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		<b>24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)</b> January 19, 2011
<b>24c. DEATH DUE TO COMMUNICABLE DISEASE</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
<b>25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)</b>		
PART I (a) Cardiorespiratory Failure		Interval between onset and death Minutes
(b) DUE TO, OR AS A CONSEQUENCE OF Community Acquired Pneumonia, Bacterial		Interval between onset and death Days
(c) DUE TO, OR AS A CONSEQUENCE OF Congestive Heart Failure		Interval between onset and death Years
(d) DUE TO, OR AS A CONSEQUENCE OF Advanced Dementia, Probably Vascular		Interval between onset and death Years
<b>PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.</b>		<b>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)</b>	<b>28b. DATE OF INJURY (Mo/Day/Yr)</b>	<b>28c. HOUR OF INJURY</b>
<b>28d. DESCRIBE HOW INJURY OCCURRED</b>		
<b>28e. INJURY AT WORK (Specify Yes or No)</b>	<b>28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)</b>	<b>28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE</b>

STATE REGISTRAR



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VRS-Rev-20110104

### 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: 02/01/2011

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

*R. J. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

