

APN: 1022-08-002-011

After recording, return Affidavit  
to the following address:

↓ Patricia Ann Adams  
1481 Wild Wolf Way  
Reno, Nevada 89521

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0811 PG- 4458 RPTT: # 5



The undersigned hereby affirms that this document submitted for recording does not contain the personal information of any person or persons per N.R.S. 239B.030.

  
\_\_\_\_\_  
Signature of Declarant or Agent

**DEATH OF GRANTOR AFFIDAVIT**

STATE OF NEVADA        )  
                                  ) ss.  
COUNTY OF WASHOE    )

Patricia Ann Adams, being duly sworn, deposes and says that Joe Gill Romero, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Joe G. Romero named as the Grantor in the Transfer On Death Deed Pursuant To NRS Chapter 111.109 recorded March 27, 2006, as Document No. 0670979 of the Official Records of Douglas County, Nevada, covering the following described property:

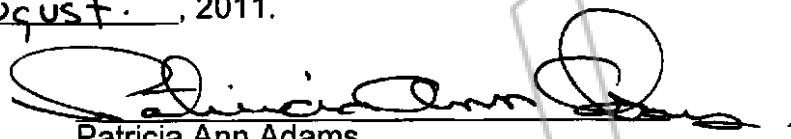
LOT 36, in Block R, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, which was filed in the office of the County Recorder of Douglas County, Nevada, on November 16, 1970.

EXCEPT THEREFROM all that portion of said land more particularly described as follows:

BEGINNING at the Southeast corner of Lot 36, TOPAZ RANCH ESTATES UNIT NO. 4, which is the True Point of Beginning; proceed thence North 87°18'47" West, a distance of 212.00 feet to the Southwest corner; thence North 3°11'25" East, a distance of 153.25 feet to the Northwest corner; thence South 89°39'39" East, a distance of 204.19 feet to the Northeast corner; thence South 00°20'21" West, a distance of 161.75 feet to the POINT OF BEGINNING, containing 32,759 sq. feet more or less.

Patricia Ann Adams is the Grantee to whom the real property is conveyed upon the death of the Grantor, Joe G. Romero.

Dated this 22 day of August, 2011.

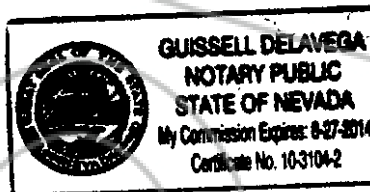
  
Patricia Ann Adams

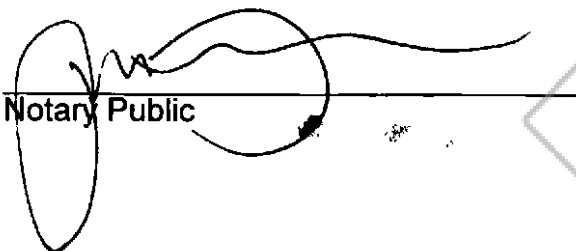
State of Nevada county of Washoe.

SUBSCRIBED and SWORN to before me

this 22 day of August, 2011,

by Patricia Ann Adams.



  
Notary Public

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

2011011653  
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>Joe Gill ROMERO</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 24, 2011</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Wellington</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>3595 Slate Rd</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5 RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>84</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>February 20, 1927</b>		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>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (If wife, give maiden name)	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Produce Manager</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Grocery Store</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Wellington</b>	
15d. STREET AND NUMBER <b>3595 Slate Rd</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Joe ROMERO</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Dolores GILL</b>		
18a. INFORMANT - NAME (Type or Print) <b>Patricia ADAMS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1481 Wild Wolf Way Reno, Nevada 89521</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</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>	
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>JOSEPH FINNEGAN MD</b> 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): <b>July 27, 2011</b>		21c. HOUR OF DEATH <b>15:20</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>Phsyician JOSEPH FINNEGAN MD Minden, NV 89423</b>			
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 28, 2011</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: (a) <b>Esophageal Cancer</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Cigarette Smoking</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b></b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b></b>				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I				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


  
**BK- 0811**  
**PG- 4460**  
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VRS-Rev-20110104

397305 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: **08/04/2011**

  
**Nicole Shore**  
 STATE REGISTRAR  
 SIGNATURE AUTHENTICATED

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

