

Return to Preparer, Philip W. Dann,
Esq., 1601 Commerce Avenue No.
St. Petersburg FL 33716-4205

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-1011 PG- 2067 RPTT: 0.00

**AFFIDAVIT CONCERNING JOINT OWNERSHIP OF
COMMUNITY PROPERTY AND PRESUMPTION OF
SURVIVORSHIP UPON DEATH OF SPOUSE**



Butler County, Ohio

Before me, the undersigned authority, personally appeared affiant Vernon K. Denegar, who being duly sworn and cautioned, deposes and says:

a) The family relationship of the affiant to each deceased joint tenant or the deceased spouse is that of grandson to the deceased tenant, Russel J. LoCastro, named as a grantee in the grant deed recorded at Book 784, Page 1625, document no. 103745, Public Records of Douglas County, Nevada.

(b) A description of the instrument or conveyance by which the joint tenancy or right of survivorship was created is the aforesaid grant deed.

(c) A description of the property subject to the joint tenancy or right of survivorship is:

PARCEL 1: An undivided 1/51st interest in and to that certain condominium described as follows: (i) An undivided 1/9th interest, as tenants-in-common, in and to Lot 28 of Tahoe Village Unit No. 2, Third Amended Map, recorded February 26, 1981, as Document No. 53845, Official Records of Douglas County, State of Nevada, except therefrom Units 1 to 9; (ii) Unit No. G, as shown and defined on said last mentioned map. Unit Type B.

PARCEL 2: A non-exclusive right to use the real property known as The Common Area on the Official Map of Tahoe Village Unit No. 2, recorded March 29, 1974 as Document No. 72495, records of said county and state, for all those purposes provided for in the Declarations of Covenants, Conditions and Restrictions recorded September 28, 1973 as Document No. 69063 in Book 973 Page 812 of Official Records and in the Modification recorded July 2, 1976 as Document No. 1472 in Book 776 Page 87 of Official Records.

PARCEL 3: The exclusive right to use said Unit and the nonexclusive right to use the real property referred to in subparagraph (a) of Parcel One and Parcel Two above during ONE (1) "Use Period" within the Winter "Season", as said quoted terms are defined in the Declaration.

(d) The date and place of death of the deceased joint tenant is May 7, 1992, in San Jose, Santa Clara County, California. See Santa Clara County certificate of death numbered H 493633, issued May 11, 1992, and recorded as M330 Page 1609.

(e) Further affiant sayeth not.

[Signature]
Vernon K. Denegar

Sworn and subscribed before me, an Ohio notary public, this 13th day of September, 2011.

Nicole Kleeman
Notary Public
Print Name: Nicole Kleeman
My comm. exps: June 12, 2016

SEAL



NICOLE KLEEMAN
Notary Public, State of Ohio
My Commission Expires
June 12, 2016

CERTIFICATION OF VITAL RECORD

M 330 PAGE 1609

COUNTY of SANTA CLARA

HEALTH DEPARTMENT

2220 MOORPARK AVE., SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST (GIVEN) RUSSELL		1B. MIDDLE JOSEPH	1C. LAST (FAMILY) LoCASTRO		2A. DATE OF DEATH—MO. DAY, YR. MAY 7, 1992
4. RACE Caucasian		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO. DAY, YR. October 19, 1917	7. AGE IN YEARS 74	2B. HOUR 1115
8. STATE OF BIRTH PA		9. CITIZEN OF WHAT COUNTRY U.S.A.	10A. FULL NAME OF FATHER Leonard LoCastro	10B. STATE OF BIRTH Sicily	3. SEX M
11A. FULL MAIDEN NAME OF MOTHER Antonina Muscato		11B. STATE OF BIRTH Sicily	12. MILITARY SERVICE 19 45 TO 19 45 NONE	13. SOCIAL SECURITY NO. -1067	14. MARITAL STATUS Married
15. NAME OF SURVIVING SPOUSE OF WIFE, ENTER MAIDEN NAME Elinore Cliffe		16A. USUAL OCCUPATION Engineer	16B. USUAL KIND OF BUSINESS OR INDUSTRY Automobile	16C. USUAL EMPLOYER Ford Motor Co.	16D. YEARS IN OCCUPATION 40
17. EDUCATION—YEARS COMPLETED 16		18A. RESIDENCE—STREET AND NUMBER OR LOCATION 6212 Solomon Ct.	18B. CITY San Jose	18C. ZIP CODE 95123	18D. COUNTY Santa Clara
19A. PLACE OF DEATH Santa Teresa Comm. Hospital		19B. NUMBER OF YEARS IN THIS COUNTY 21	19C. STATE OR FOREIGN COUNTRY CA	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Mrs. Elinore LoCastro - Wife 6212 Solomon Ct. San Jose, CA. 95123	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 250 Hospital Parkway
19E. CITY San Jose		19F. HOSPITAL, SPECIFY ONE IP, ER/OP, DOA IP	19G. COUNTY Santa Clara	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Profound Metabolic Acidosis	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES 129-004 <input type="checkbox"/> NO
23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24A. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Type II Diabetes, Mellitus	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. No
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 6/1985		27B. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 5/7/1992	27C. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <i>Elizabeth S. Menkin M.D.</i>	27D. CERTIFIER'S LICENSE NUMBER G48270	27E. DATE SIGNED 5-8-92
27F. TYPE, ATTENDING PHYSICIAN'S NAME AND ADDRESS One North Building Elizabeth S. Menkin, M.D., 260 International Circle, San Jose, CA. 95119		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <i>Don van Straaten</i>	28B. DATE SIGNED MAY 11 1992	29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY
30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR	30D. HOUR	31. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	32. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
34A. DISPOSITION(S) CR/BU		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Los Gatos Memorial Park, San Jose, CA. 95124	34C. DATE MO. DAY, YEAR May 12, 1992	35A. SIGNATURE OF EMPLOYEE <i>Don van Straaten</i>	35B. LICENSE NUMBER E6922
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Darling & Fischer's Chapel of the Hills		36B. LICENSE NO. F940	37. SIGNATURE OF LOCAL REGISTRAR <i>Stephen A. Coray M.D.</i>	38. REGISTRATION DATE MAY 11 1992	39. CENSUS TRACT

BK- 1011
PG- 2069
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0790927

VS-11 (REV. 3-91) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

H
493633

STATE OF CALIFORNIA }
COUNTY OF SANTA CLARA } SS

CERTIFIED COPY OF VITAL RECORDS
MAY 11 1992

DATE ISSUED
BY

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Stephen A. Coray M.D.
STEPHEN A. CORAY, MD
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

