

OFFICIAL RECORD

Requested By:
PETER KOLP

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:
Annabella M. Buffo
814-A Pollen Court
Gardnerville, Nevada 89460

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 2 Fee: 15.00
BK-0112 PG- 4556 RPIT: 0.00

APN 1220-16-412-007



AFFIDAVIT

Community Property With Right of Survivorship
(NRS 111.064)

STATE OF NEVADA
} ss.
County of Douglas

Annabella M. Buffo, of legal age, being duly first sworn, deposes and says: that Joseph J. Buffo, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Joe J. Buffo named as one of the parties in that certain Grant Deed ("transfer document") dated December 17, 2003, executed by John D. Hubbard and Kathleen F. Hubbard, husband and wife as joint tenants, to Joe J. Buffo and Annabella M. Buffo, husband and wife, as community property with right of survivorship, recorded as Instrument No. 0601056 on January 2, 2004, in Book 0104, Page 00078, of Official Records, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 12, in Block A, as shown on the official map of RABBITBRUSH CORNERS, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on March 2, 1992, in Book 392, Page 001, as Document No. 272299.

That she was married to Joe J. Buffo at the time of the transfer document.

That the above described property has been at all times since acquisition considered the community property with right of survivorship of her and decedent.

That upon the death of the decedent, said property did pass to the survivor, without administration.

That prior to the death of the decedent, the right of survivorship was not terminated or severed.

That the Affidavit is made for the protection and benefit of the surviving spouse, her successors, assigns and personal representatives and all other parties hereafter dealing with or who may acquire an interest in the above-described property.

Dated: November 22, 2011

Annabella M. Buffo
Annabella M. Buffo

State of California
County of Nevada

Subscribed and sworn to (or affirmed) before me on this 26TH day of DECEMBER, 2011, by ANNABELLA M. BUFFO, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

TERESA A. KOLP
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011005434
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) Joe BUFFO		2. DATE OF DEATH (Mo/Day/Year) April 03, 2011		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Specialty Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 84		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 17, 1926		9a. STATE OF BIRTH (If not U S A, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married		12. SURVIVING SPOUSE (If wife, give maiden name) Annabella FERRANTE	
13. SOCIAL SECURITY NUMBER 2649		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Bookkeeping		14b. KIND OF BUSINESS OR INDUSTRY Taxes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 814 A. Pollen Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Giavani, BUFFO			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Theresa PADOVANO		
18a. INFORMANT - NAME (Type or Print) Annabella BUFFO		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 814 A. Pollen Ct Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street 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) JORGE SALLABERRY MD 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) April 10, 2011		21c. HOUR OF DEATH 04:34		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) Dr. Jorge Sallaberry MD 1600 Medical Parkway Carson City NV 89703				23b. LICENSE NUMBER 13619	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 12, 2011		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).)				Interval between onset and death	
PART I (a) End-Stage Renal Disease				Days	
(b) Metabolic Acidosis				Days	
(c) Liver Failure				Days	
(d) 				Days	
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) No	
27. WAS CASE REFERRED TO CORONER (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	
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



0796328 Page: 2 Of 2 01/26/2012

BK- 0112
PG- 4557

VRS-Rev-20110104

381074

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: 04/12/2011

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

Rick Noel
STATE REGISTRAR
SIGNATURE AUTHENTICATED

