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A.P.N.: 1320-33-714-036
When Recorded Return To:

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0812 PG- 6034 RPTT: 0.00

Robert and Diana Sanfilippo
PO Box 2365
Stateline NV 89449



AFFIDAVIT TERMINATING JOINT ~~FE~~
TENANCY

STATE OF NEVADA)
)ss
COUNTY OF DOUGLAS)

Robert R. Sanfilippo being first duly sworn, deposes and says that affiant is over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

That affiant is Robert R. Sanfilippo the person named as Robert R. Sanfilippo, one of the grantees in that certain deed recorded on May 16, 2002, as Document No. 542413 in Book 502, Page 5162, in the office of the County Recorder of Douglas County, Nevada.

That Salvedore Donald Sanfilippo was one of the grantees named in said deed and was the identical person named as Donald S. Sanfilippo, the decedent, in that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof.

Robert R. Sanfilippo
Signature - Robert R. Sanfilippo

08.24.12
Date

State of Nevada)
)ss
County of Douglas)

This instrument was acknowledged before me on this 24 day of August, 2012, by Robert R. Sanfilippo, as Grantor(s).

Alycia Tanner
Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2012013051

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) Salvatore Donald SANFILIPPO			2. DATE OF DEATH (Mo/Day/Year) August 10, 2012		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Evergreen Gardnerville Health & Rehab Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient		4. SEX Male
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 89	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) July 24, 1923
9a. STATE OF BIRTH (If not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 10	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)
13. SOCIAL SECURITY NUMBER 7746		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner		14b. KIND OF BUSINESS OR INDUSTRY Clothing Industry		Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1304 Brook Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Anthony SANFILIPPO			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary MARINO			
18a. INFORMANT - NAME (Type or Print) Bob SANFILIPPO		18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) P.O. Box 2365 Stateline, Nevada 89449				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION - City or Town - State Carson City Nevada 89701		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N 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) VIJAY MAIYA 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) August 20, 2012		21c. HOUR OF DEATH 11:20		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. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703					23b. LICENSE NUMBER 11909	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 21, 2012		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) Cardiopulmonary Failure					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(b) Unknown Etiology					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(c) Dementia Alzheimers					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(d)					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) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
28a. ACC., SUICIDE, HOMICIDE, 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- 0812
PG- 6035

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VRB-Rev-20120523a

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CERTIFIED COPY OF VITAL RECORDS

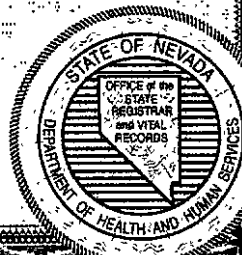
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

08/21/2012

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

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED





A.P.N.: 1320-33-714-036
When Recorded Return To:

Exhibit A R

Robert and Diana Sanfilippo
PO Box 2365
Stateline NV 89449

QUITCLAIM DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

Robert R. Sanfilippo, a married man, does hereby RELEASE AND FOREVER QUITCLAIM to

ROBERT R. SANFILIPPO AND DIANA L. BROWN- SANFILIPPO, TRUSTEE(S), OR THEIR SUCCESSORS IN TRUST, AND UNDER THE SANFILIPPO LIVING TRUST DATED JULY 9, 1999 AND ANY AMENDMENTS HERETO

All the right, title, and interest of the undersigned in and to the real property situated in the unincorporated area, County of Douglas, State of Nevada, described as follows:

LOT 36, Block G, as set forth on FINAL SUBDIVISION MAP No. 1006-6 for CHICHESTER ESTATES, PHASE 6, filed in the office of the County Recorder of Douglas County, Nevada and recorded February 16, 2000 in Book 0200, Page 2552, as Document No. 486411. Assessor's Parcel Number 1320-33-714-036

The purpose of this Quitclaim document is to transfer any possible interest that Grantor(s) may have or may acquire in the future to the ROBERT R. SANFILIPPO AND DIANA L. BROWN- SANFILIPPO, TRUSTEE(S), OR THEIR SUCCESSORS IN TRUST, AND UNDER THE SANFILIPPO LIVING TRUST DATED JULY 9, 1999 AND ANY AMENDMENTS HERETO.

Robert R. Sanfilippo
Signature – Robert R. Sanfilippo

08.24.12
Date

State of Nevada)
)ss
County of Douglas)

This instrument was acknowledged before me on this *24* day of *August*, 2012, by Robert R. Sanfilippo, as Grantor(s).

Alycia Tanner
Notary Public

