

APN: 1320-30-215-007 and
APN: 1320-30-215-019

Recorded at the request of and
return Original to:

SUE BELCHER RINAURO
P. O. BOX 1988
CARSON CITY, NEVADA 89702

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 4 Fee: \$ 17.00
Bk: 1112 Pg: 5971



Deputy ke

Mail Tax Statements to:

SUE BELCHER RINAURO
P. O. BOX 1988
CARSON CITY, NEVADA 89702

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

SUE BELCHER RINAURO, does hereby swear under penalty of perjury that the assertions of this affidavit are true, and declares the following:

1. SUE BELCHER RINAURO is the surviving joint tenant of NICK RINAURO, deceased.

2. NICHOLAS A. RINAURO, SR. also known as NICK RINAURO died in the City of Reno, County of Washoe, State of Nevada, on August 13, 2012. A certified copy of the Death Certificate of NICHOLAS A. RINAURO, SR. is attached hereto.

3. On May 16, 2011, NICK RINAURO and SUE BELCHER RINAURO acquired title as joint tenants with right of survivorship to a parcel of real property situated in Douglas County, Nevada, by Deed recorded as Document No. 783341 of the Official Records of Douglas County, Nevada. The legal description of the real property is as follows:

PARCEL 1:

Lot B-7, as set forth on Final Subdivision Map, a Planned Unit Development PD 04-012, for IRONWOOD TOWNHOMES, filed for record

with the Douglas County Recorder on August 23, 2005, in Book 0805, at Page 10879, as Document No. 653084, Official Records, Douglas County, Nevada.

PARCEL 2:

The appurtenant garage unit known as Lot G-7, as set forth on Final Subdivision Map, a Planned Unit Development PD 04-012, for IRONWOOD TOWNHOMES, filed for record with the Douglas County Recorder on August 23, 2005, in Book 0805, at Page 10879, as Document No. 653084, Official Records, Douglas County, Nevada, as established in Covenants, Conditions and Restrictions recorded August 23, 2005 in Book 0805, Page 10880 as File No. 653085, Official Records.

PARCEL 3:

An easement for ingress and egress as set forth in the Grant of Easement recorded August 23, 2005, in Book 0805, Page 109040, Document No. 653086, Official Records, Douglas County, Nevada.

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Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

4. At the time of death of NICK RINAURO, title to the real property described in paragraph 3 above continued to be held by SUE BELCHER RINAURO and NICK RINAURO, as joint tenants with right of survivorship. As a result of the death of NICK RINAURO, and the joint tenancy form of title, the real property described in paragraph 3 and referenced in paragraph 4 above is now owned by SUE BELCHER RINAURO, a widow.

DATED this 11-06 day of November, 2012.

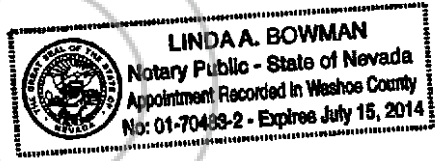

SUE BELCHER RINAURO

STATE OF NEVADA)
 : SS.
COUNTY OF WASHOE)

On this 6th day of November, 2012, personally appeared before me, a Notary Public, SUE BELCHER RINAURO, known to me or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to this Affidavit of Surviving Joint Tenant, and acknowledged to me that she executed the same.

WITNESS my hand and official seal.

Linda A. Bowman
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA



BK 1112
PG 5974

08 13285 Page 4 of 4 11/21/2012 03:23 PM

CERTIFICATE OF DEATH

2012013396

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) Nicholas A. RINAURO SR			2. DATE OF DEATH (Mo/Day/Year) August 13, 2012		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) Reno Regional Medical Center		3d. If Hosp. or Inst. indicates DOA of Emer. Rm. (Inpatient) (Specify) Intensive Care Unit (ICU)		4. SEX Male
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 92		7b. UNDER 1 YEAR MOB DAYS HOURS MINS
8. DATE OF BIRTH (Mo/Day/Yr) March 02, 1920		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) Sue BALLARD		13. SOCIAL SECURITY NUMBER 9272		
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even if Retired) Business Owner			14b. KIND OF BUSINESS OR INDUSTRY Waste Collection		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Carson City		15d. STREET AND NUMBER 7160 San Antonio Ranch Road
16. FATHER/PARENT - NAME (First Middle Last Suffix) Ciro RINAURO			17. MOTHER/PARENT - NAME (First Middle Last Suffix) MaryAnn. REINA			
18a. INFORMANT - NAME (Type or Print) Sue RINAURO			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) PO BOX 1988 Carson City, Nevada 89702			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Mission Cemetery		19c. LOCATION City or Town State Santa Clara California 95050		
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) RICK NOEL <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Rood Carson City NV 89706		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) PIOTR KUBICZEK M.D. <i>SIGNATURE AUTHENTICATED</i>						
21b. DATE SIGNED (Mo/Day/Yr) August 21, 2012		21c. HOUR OF DEATH 00:27		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		
22a. DATE SIGNED (Mo/Day/Yr) August 13, 2012		22b. HOUR OF DEATH 00:27		22c. PRONOUNCED DEAD (Mo/Day/Yr) August 13, 2012		
22d. PRONOUNCED DEAD AT (Hour) 00:27		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Piotr, Kubiczek M.D. 10 Kirman Ave Reno, NV 89520		23b. LICENSE NUMBER 11610		
24a. REGISTRAR (Signature) BRIDGES SANDI <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 27, 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						
(a) Multiple injuries Interval between onset and death						
(b) Blunt force trauma Interval between onset and death						
(c) 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. Coronary artery atherosclerosis; peripheral vascular disease; osteoarthritis				26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC. SUICIDE, HOM. URDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) August 11, 2012		
28c. HOUR OF INJURY 0417		28d. DESCRIBE HOW INJURY OCCURRED Fall down stairs with co-morbidities		28e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Residence		
28f. INJURY AT WORK (Specify Yes or No) No		28g. LOCATION STREET OR R.F.D. No. 7160 San Antonio Ranch Rd.		28h. CITY OR TOWN Carson City		
28i. STATE Nevada						

STATE REGISTRAR



000100063

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.

NOV 14 2012

DEPUTY REGISTRAR

Mona Jackson

DATE ISSUED:

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

VR8-Rev-20120523a

