



APN# : 1320-30-215-003 1320-30-215-020

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Sue Rinauro

P.O. Box 1988

Carson City NV 89702

**Mail Tax Statements to: (deeds only)**

Same as Above

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature

Print name

Title

MKelsh Escrow Officer

**THIS DOCUMENT IS BEING RECORDED TO CORRECT THE LEGAL DESCRIPTION FOR THE AFFIDAVIT OF SURVIVING JOINT TENANT WHICH RECORDED ON 11-21-2012, IN BOOK 1112, PAGE 5963 DOCUMENT NO 813283**

**Correction Affidavit Death of Joint Tenant**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)



### AFFIDAVIT - DEATH OF JOINT TENANT

Sue Belcher Rinauro, of legal age, being first duly sworn, deposes and says:

That Nicholas A. Rinauro, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Nick Rinauro named as one of the parties in that certain Grant Bargain Deed dated 4/5/2011 executed by Thomas M. Gulick and Cynthia S. Gulick, husband and wife as joint tenants to Nick Rinauro and Sue Belcher Rinauro, husband and wife as joint tenants, recorded as instrument No. 781664, on 4/15/2011, in Book 411, Page 3044, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

See Exhibit "A" attached hereto and made a part hereof



That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ .

Dated 6-21-2013

Sue Belcher Rinauro  
Sue Belcher Rinauro Surviving Joint Tenant

STATE OF NEVADA } SS

COUNTY OF Douglas

This instrument was acknowledged before me on \_\_\_\_\_

by June 21, 2013  
Sue Belcher Rinauro  
Jodi O. Stovall  
Notary Public

~~MARY KELSH  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 98-49567-5 - Expires November 6, 2014~~

JODI O. STOVALL  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 03-79473-5 - Expires August 3, 2016



**EXHIBIT "A"**

**All that certain real property situate in the County of Douglas, State of Nevada, described as follows:**

**PARCEL ONE:**

**Lot B-3, as shown on the map of IRONWOOD TOWNHOMES, filed in the office of the Douglas County Recorder on August 23, 2005, File No. 653084.**

**PARCEL TWO:**

**Garage Lot G-3, as shown on the map of IRONWOOD TOWNHOMES, filed in the office of the Douglas County Recorder on August 23, 2005, File No. 653084.**

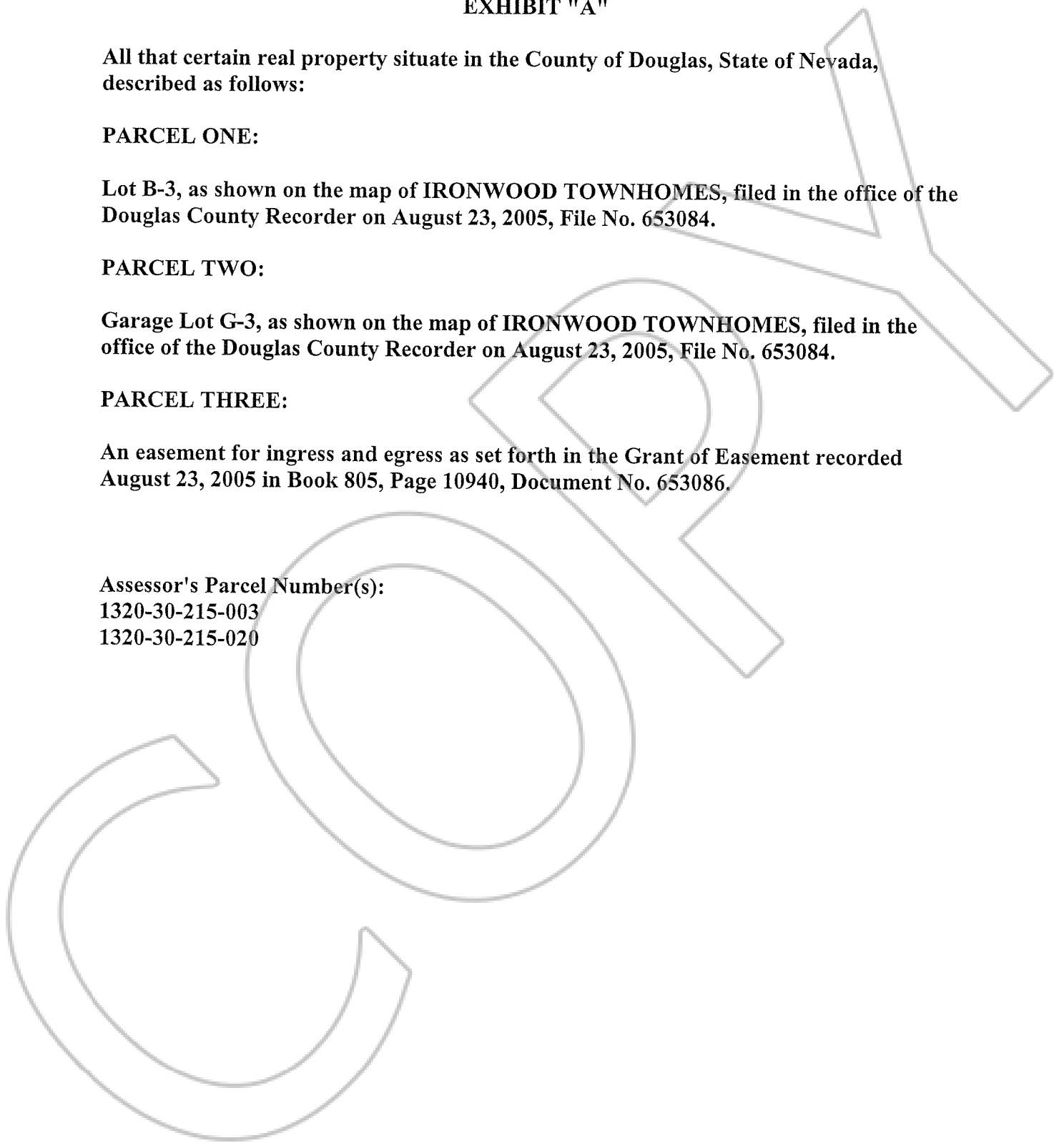
**PARCEL THREE:**

**An easement for ingress and egress as set forth in the Grant of Easement recorded August 23, 2005 in Book 805, Page 10940, Document No. 653086.**

**Assessor's Parcel Number(s):**

**1320-30-215-003**

**1320-30-215-020**



**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH  
VITAL STATISTICS  
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) <b>Nicholas A RINAURO SR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 13, 2012</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Renown Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Intensive Care Unit (ICU)</b>	
4. SEX <b>Male</b>		7a. AGE-Last birthday (Years) <b>92</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>March 02, 1920</b>	
5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7b. UNDER 1 YEAR MOS   DAYS	
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>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Sue BALLARD</b>		13. SOCIAL SECURITY NUMBER <b>9272</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Business Owner</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Waste Collection</b>		Ever in US Armed Forces? <b>No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Washoe</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>7160 San Antonio Ranch Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Ciro RINAURO</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>MaryAnn REINA</b>		18a. INFORMANT- NAME (Type or Print) <b>Sue RINAURO</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO BOX 1988 Carson City, Nevada 89702</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Mission Cemetery</b>		19c. LOCATION City or Town State <b>Santa Clara California 95050</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>620</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Chapel of the Valley</b> <b>1281 N Roop Carson City NV 89706</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>PIOTR KUBICZEK M.D.</b> SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) <b>August 21, 2012</b>		21c. HOUR OF DEATH <b>00:27</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. PRONOUNCED DEAD (Mo/Day/Yr) <b>August 13, 2012</b>		22b. PRONOUNCED DEAD AT (Hour) <b>00:27</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Piotr Kubiczek M.D. 10 Kirman Ave Reno, NV 89520</b>				23b. LICENSE NUMBER <b>11610</b>	
24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 27, 2012</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).) Interval between onset and death					
PART I (a) <b>Multiple injuries</b> Interval between onset and death					
(b) <b>Blunt force trauma</b> 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 1. <b>Coronary artery atherosclerosis; peripheral vascular disease; osteoarthritis</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <b>ACCIDENT</b>		28b. DATE OF INJURY (Mo/Day/Yr) <b>August 11, 2012</b>	
28c. HOUR OF INJURY <b>0417</b>		28d. DESCRIBE HOW INJURY OCCURRED <b>Fall down stairs with co-morbidities</b>		28e. INJURY AT WORK (Specify Yes or No) <b>No</b>	
28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) <b>Residence</b>		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE <b>7160 San Antonio Ranch Rd. Carson City Nevada</b>			

STATE REGISTRAR



BK 613  
PG-7101

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VRS-Rev-20120523a

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: **08/27/2012**

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

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

