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A+ Paralegals  
✓ 312 W. Fourth St.  
Carson City, NV 89703

Doc Number: **0829350**

08/22/2013 02:36 PM

OFFICIAL RECORDS

Requested By  
A+ PARALEGALS INC

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 4 Fee: \$ 17.00

Bk: 0813 Pg: 6074



Deputy ar

APN 1318-15-715-017

APN \_\_\_\_\_

APN \_\_\_\_\_

FOR RECORDER'S USE ONLY

Affidavit of Death of Joint Tenant  
TITLE OF DOCUMENT

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain personal information of any person or persons. (NRS 239B.030)

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of any person or persons as required by law. State specific law: 440.380

Esther Selva

Signature

Esther Selva

Print Name & Title

WHEN RECORDED MAIL TO:

Esther Selva

PO Box 237

Zephyr Cove, NV 89448

THE UNDERSIGNED HEREBY AFFIRMS THAT  
THIS DOCUMENT CONTAINS A SOCIAL  
SECURITY NUMBER PER NRS 440.380.

**APN: 1318-15-715-017**

WHEN RECORDED MAIL TO:

Esther Selva  
P.O. Box 237  
ZEPHYR COVE, NEVADA 89448

\_\_\_\_\_  
SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

## AFFIDAVIT OF DEATH OF JOINT TENANT

ESTHER SELVA being first duly sworn, deposes and says:

1. Adolfo Selva, died on October 18, 2006, and a certified copy of his Death Certificate is attached hereto.
2. That at the date of death, the said Adolfo Selva was an owner in joint tenancy with the Affiant of certain real property located in Douglas County, State of Nevada, described as:

Unit No. 3-5, as shown on the map of Roundridge Townhouses,  
filed in the office of the County Recorder of Douglas County, NV,  
on August 14, 1967.

3. That said joint tenancy was created by a Deed dated September 15, 1967, recorded on the same day as Document 38043, in the Douglas County Recorder's Office.
4. That upon the death of Adolfo Selva, the Affiant became the sole owner of the above described property as her sole and separate property.

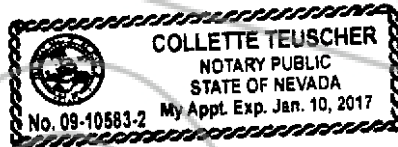
  
\_\_\_\_\_  
Signature, ESTHER SELVA

-LOOSE CERTIFICATE ATTACHED-

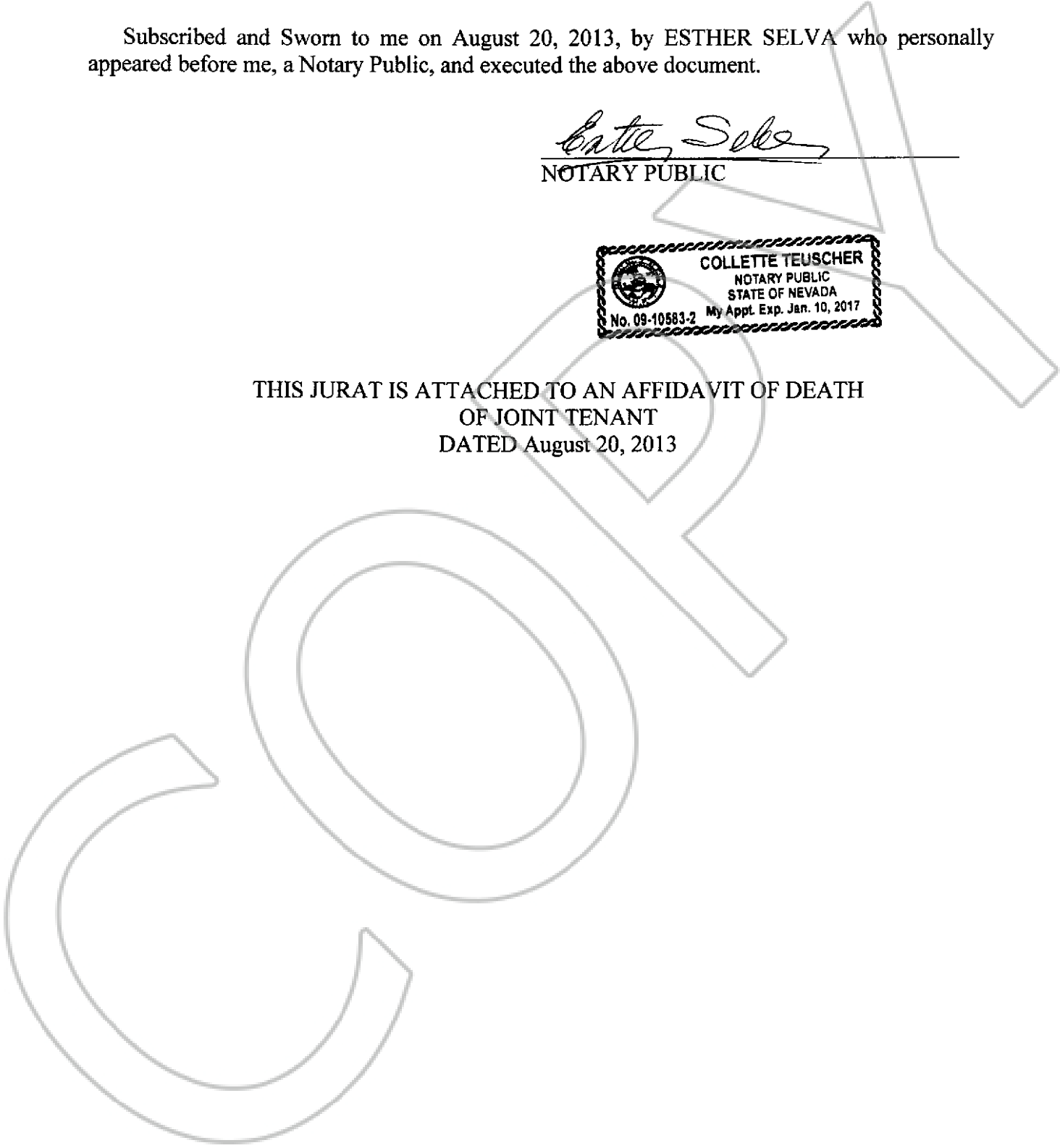
State of Nevada )  
CARSON CITY )

Subscribed and Sworn to me on August 20, 2013, by ESTHER SELVA who personally appeared before me, a Notary Public, and executed the above document.

*Esther Selva*  
\_\_\_\_\_  
NOTARY PUBLIC



THIS JURAT IS ATTACHED TO AN AFFIDAVIT OF DEATH  
OF JOINT TENANT  
DATED August 20, 2013



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

2006019075  
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 <b>Adolfo</b>			1b. MIDDLE <b>R</b>			1c. LAST <b>SELVA</b>			2. DATE OF DEATH (Mo/Day/Year) <b>October 18, 2006</b>			3a. COUNTY OF DEATH <b>Carson City</b>		
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>				3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>2380 Woodcrest Lane</b>				3d. If Hosp. or Inst. Indicate DCA, OP/Emmr. Rm. Inpatient (Specify)				4. SEX <b>Male</b>		
5 RACE (e.g., White, Black, American Indian) (Specify) <b>Hispanic</b>			6. Was Decedent of Hispanic Origin? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, specify Mexican, Cuban, Puerto Rican, etc <b>Argentine</b>			7a AGE-Last birthday (Years) <b>76</b>		7b UNDER 1 YEAR MOS   DAYS		7c UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>October 14, 1930</b>		
9a STATE OF BIRTH (If not U.S.A., name country) <b>Argentina</b>			9b. CITIZEN OF WHAT COUNTRY <b>United States</b>			10. EDUCATION <b>18</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			12. SURVIVING SPOUSE (if wife, give maiden name) <b>Esther SALAZAR</b>			
13 SOCIAL SECURITY NUMBER <b>8168</b>				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Chemist</b>				14b. KIND OF BUSINESS OR INDUSTRY <b>Medical Industry</b>						
15a. RESIDENCE - STATE <b>Nevada</b>			15b. COUNTY <b>Carson City</b>			15c. CITY, TOWN OR LOCATION <b>Carson City</b>			15d. STREET AND NUMBER <b>2380 Woodcrest Lane</b>			15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		
16. FATHER - NAME (First Middle Last Suffix) <b>Luis SELVA</b>						17. MOTHER - NAME (First Middle Last Suffix) <b>Eloisa PAIZ</b>								
18a. INFORMANT - NAME (Type or Print) <b>Esther SELVA</b>						18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>2380 Woodcrest Lane Carson City, Nevada 89701</b>								
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>				19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>				19c. LOCATION - City or Town - State <b>Carson City Nevada 89706</b>						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TAMMY DERMODY</b> SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE <b>06</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City, NV 89703</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>KELLE LYNN BROGAN M.D.</b> 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) <b>October 25, 2006</b>			21c. HOUR OF DEATH <b>14:55</b>			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH					
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) <b>18653 Wedge Pkwy Reno, NV 89511</b>									23b. LICENSE NUMBER <b>6000</b>					
24a. REGISTRAR (Signature) <b>MIKE NEUMANN</b> SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 26, 2006</b>			24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)														
PART (a) <b>Chronic Obstructive Pulmonary Disease</b>						Interval between onset and death								
DUE TO, OR AS A CONSEQUENCE OF						Interval between onset and death								
PART (b)						Interval between onset and death								
DUE TO, OR AS A CONSEQUENCE OF						Interval between onset and death								
PART (c)						Interval between onset and death								
PART OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1									26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>			
28a. ACC., SUICIDE, HOMIC., 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

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BK 0813  
PG 6077  
8/22/2013

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:

AUG 20 2013

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

