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Doc Number: **0837151**

01/22/2014 11:21 AM

OFFICIAL RECORDS

Requested By
HOUGHTON JONES

APN: 1420-34-410-009

When Recorded, Please Return To:

Houghton Jones, A.P.C.
1625 Highway 88, Suite 304
Minden, Nevada 89423

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 2 Fee: \$ 15.00

Bk: 0114 Pg: 3529



Deputy: ar

Mail Future Tax Statements To:

Mr. Ralph James Torsiello
2630 Kayne Ave.
Minden, NV 89423

AFFIDAVIT OF DEATH

The attached document does contain the social security number of a person as required by NRS 440.380.

Ralph James Torsiello, being of sound mind and body, hereby testifies:

That he is over the age of 18,

That all of the real property situated in the State of Nevada, County of Douglas, more precisely described as:

Lot 18, in Block 1, of Re-Subdivision of portions of ARTEMISIA SUBDIVISION, filed in the office of the County Recorder of Douglas County, Nevada, on April 23, 1962, as Document No. 19909, of Official Records.

was held by Ralph J. Torsiello and Rose Torsiello, husband and wife, who acquired joint tenancy with rights of survivorship by Individual Grant Deed No. 280123 recorded on June 3, 1992.

That Rose Torsiello passed away on December 23, 2012, as identified in Certificate of Death # 2012021054, issued by the State of Nevada.

That pursuant to the rules of survivorship, Ralph J. Torsiello (also known as Ralph John Torsiello) is the survivor and now holds this property as a single man as his sole and separate property.

That this information is offered with personal knowledge and declared under penalty of perjury.

Date: January 21, 2014

Ralph James Torsiello

State of Nevada)
Douglas County)

This instrument was signed and sworn to before me on January 21, 2014 by Ralph James Torsiello.

Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2012021054
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

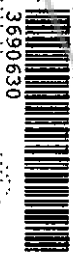
REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Rosina TORSIELLO		2. DATE OF DEATH (Mo/Day/Year) December 23, 2012		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 Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 10, 1929		9a. STATE OF BIRTH (If not U.S.A., name country) New Jersey		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) Ralph John TORSIELLO	
13. SOCIAL SECURITY NUMBER 0427		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Interior Design	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2630 Kayne Avenue		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Vincenzo NASO	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Angelina PORCELLI		18a. INFORMANT - NAME (Type or Print) Ralph J TORSIELLO		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2630 Kayne Avenue Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Entombment		19b. CEMETERY OR CREMATORY - NAME Walton's Carson Gardens		19c. LOCATION - City or Town - State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Loop Carson City NV 89708	
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) CRAIG STEVEN RAU M.D. 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) December 28, 2012		21c. HOUR OF DEATH 09:19		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) Craig Steven Rau M.D. 880 Alder Ave., Ste. 200 Incline Village, NV 89451				23b. LICENSE NUMBER 10991	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 09, 2013		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) Cardiorespiratory Failure				Minutes	
(b) DUE TO, OR AS A CONSEQUENCE OF: Acute Bacterial Pneumonia				Interval between onset and death Days	
(c) DUE TO, OR AS A CONSEQUENCE OF: Unknown Etiology				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, 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 0114
PG 3530
1/22/2014

VRS-Rev-20120823a

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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: 01/10/2013

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

