



KAREN ELLISON, RECORDER

APN: 1022-09-002-026
Recording requested by and mail documents and tax statements to:

Name Pamela L. CIPOLLA
Address: 3630 BOULDER ROAD
City/State/Zip: Wellington NV 89444

AFF111
Nevada Legal Forms & Tax Services, Inc.
www.nevadalegalforms.com

AFFIDAVIT-TERMINATION OF JOINT TENANT Death of a Joint Tenant

I,
, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That Peter M. CIPOLLA
the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as, Peter M. CIPOLLA named as one of the parties in that certain (type of deed) GRANT BARGAIN AND SALE dated on the 30 day of MARCH, 2001, and executed by TEERY NOONAN known as Grantor(s), to Peter M. CIPOLLA and Pamela L. CIPOLLA known as Grantees, as joint tenants, and recorded as instrument number 0511672 on the 30 day of MARCH, in Book 040 1PG 0764 of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the City of WELLINGTON, County of DOUGLAS, State of Nevada. (Set forth legal description and commonly known address - SEE ATTACHED)
In Witness Whereof, I have hereunto set my hand this 16 day of October, 2014

Pamela L. Cipolla
Signature

Pamela L. CIPOLLA
Print or type name her

STATE OF Nevada

COUNTY OF Douglas

On this 16 day of October, 2014, personally appeared before me, a Notary Public, Pamela Louise Cipolla

, personally known to me OR proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the

Affidavit-Termination of Joint Tenant

p. 2 of Affidavit Terminating Joint Tenancy dated 10/16/14.

uses and purposes therein mentioned. Witness my hand and official seal.

Shawnyne Garren
Notary Public

My commission expires: 2/1/16

Consult an attorney if you doubt this forms fitness for your purpose.

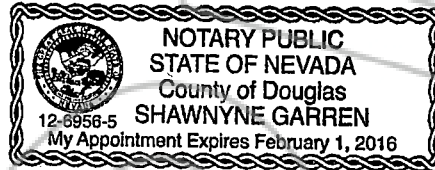
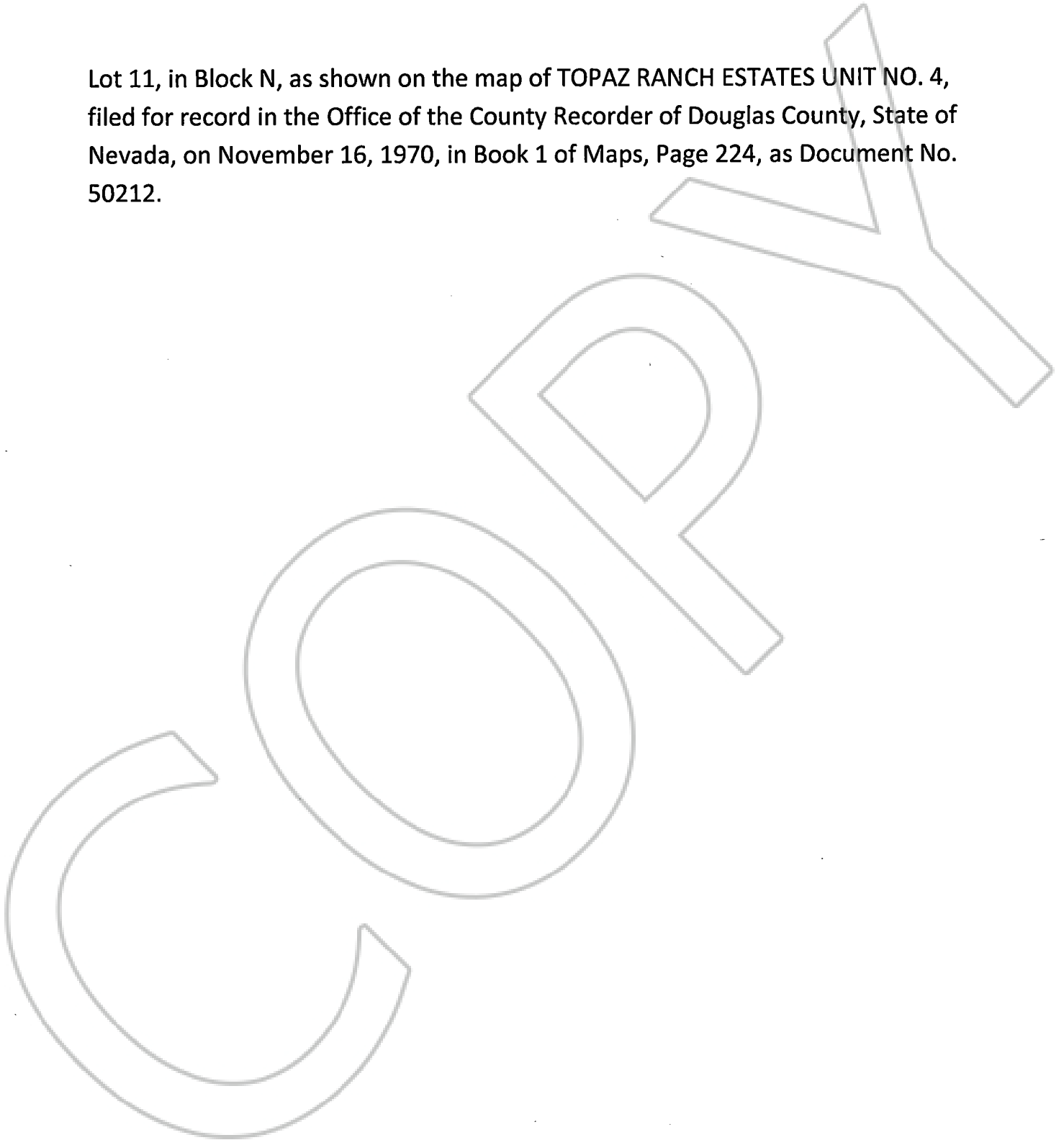


EXHIBIT "A"

Lot 11, in Block N, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212.



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2014012019
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) Peter Michael CIPOLLA		2. DATE OF DEATH (Mo/Day/Year) July 20, 2014		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) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA/OP/Emer. Rm. Inpatient (Specify) Intensive Care Unit (ICU)	
5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 71	
7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____		8. DATE OF BIRTH (Mo/Day/Yr) August 04, 1942	
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) Pamela Louise CRISSMAN		13. SOCIAL SECURITY NUMBER 0521	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Assistant Director		14b. KIND OF BUSINESS OR INDUSTRY Facilities & Operations		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 3630 Boulder Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Buell CIPOLLA	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Cornelia RADISICH		18a. INFORMANT - NAME (Type or Print) Pamela CIPOLLA		18b. MAILING ADDRESS (Street or R.F.D. No.; City or Town, State; Zip) 3630 Boulder Rd. Wellington, Nevada 89444	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LEWIS NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 621		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED DERRICK ALLEN MOORE M.D.					
21b. DATE SIGNED (Mo/Day/Yr) July 28, 2014		21c. HOUR OF DEATH 06:45		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
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)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
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) Derrick Allen Moore M.D. 1675 Sky Mountain Drive #323 Reno, NV 89503	
23b. LICENSE NUMBER 10291		24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 29, 2014	
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) Cardiopulmonary arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Pneumothorax DUE TO, OR AS A CONSEQUENCE OF: (c) Pseudomonas aeruginosa pneumonia DUE TO, OR AS A CONSEQUENCE OF: (d) _____			
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		28h. _____			

STATE REGISTRAR

3782099

539755

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: **07/29/2014**

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

