

APN# 1318-15-110-030

**Recording Requested by:**

Name: Capital Title Company

Address: 10539 Professional Circle St 102

City/State/Zip: Reno, Nevada 89521

**When Recorded Mail to:**

Name: Alling & Jillson LTD

Address: Post Office Box 3390

City/State/Zip: Lake Tahoe NV 89449-3390

**Mail Tax Statement to:**

Name: Same as Above

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Affidavit of Death of Joint  
Tenant

( Title of Document )

**Please complete Affirmation Statement below:**

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

-OR-

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

Jo Hensley  
Signature

TITLE ASSISTANT  
Title

Jo Hensley  
Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

1318-15-110-030  
RECORDING REQUESTED BY:

ALLING & JILLSON, LTD.

AND WHEN RECORDED MAIL TO:

ALLING & JILLSON, LTD.  
Post Office Box 3390  
Lake Tahoe NV 89449-3390

**AFFIDAVIT OF DEATH OF JOINT TENANT**

RICHARD PERINO, being first duly sworn, deposes and says: That I am over the age of 18 years and I have personal \*\*\*knowledge

1. That Affiant RICHARD PERINO is a child of JASPER A. PERINO and ETHEL N. PERINO

2. That said JASPER A. PERINO and ETHEL N. PERINO, husband and wife, were joint tenants by virtue of that certain Joint Tenancy Deed, dated September 1, 1988, recorded on September 9, 1988, in the Official Records of Douglas County, Nevada, as Document No. 186075, the same conveying that certain real property (herein "The Property") in the County of Douglas, State of Nevada, and more particularly described as follows:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

PARCEL NO. 1

Unit No. 30, as shown on the Official Plat of PINEWILD, A CONDOMINIUM, filed for record in the Office of the County Recorder, Douglas County, Nevada, on June 26, 1973, as Document No. 67150.

Assessment Parcel No. 05-211-30 1318-15-110-030

\*\*\* knowledge of the facts stated herein

PARCEL NO. 2

The exclusive right to the use and possession of those certain patio areas adjacent to said unit designated as "Restricted Common Area" on the Subdivision Map referred to in Parcel No. 1, above.

PARCEL NO. 3

An undivided interest as tenants in common in and to that portion of the real property described on the Subdivision Map referred to in Parcel No. 1, above, defined in the Amended Declaration of Covenants, Conditions and Restrictions of Pinewild, A Condominium, Project, recorded March 11, 1974, in Book 374 of Official Records, at Page 193, as Limited Common Area and thereby allocated to the unit described in Parcel No. 1 above and excepting unto Grantor non-exclusive easements for ingress and egress, utility services, support encroachments, maintenance and repair over the common areas defined and set forth in said Declaration of Covenants, Conditions and Restrictions.

PARCEL NO. 4

Non-exclusive easements appurtenant to Parcel No. 1, above, for ingress and egress, utility services, support encroachments, maintenance and repair over the Common Areas defined and set forth in the Declaration of Covenants, Conditions and Restrictions of Pinewild, more particularly described in the description of Parcel No. 3, above.

3. That joint tenants JASPER A. PERINO and ETHEL N. PERINO quitclaimed an undivided 25% interest in the property, each, to Affiant RICHARD PERINO, a married man, and LINDA J. MARTIN, by virtue of that certain Quit Claim Deed, dated January 5, 1996, recorded on June 21, 1996, in the Official Records of Douglas County, Nevada, as Document No. 390401.

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**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF SAN FRANCISCO**

SAN FRANCISCO, CALIFORNIA

3 051999 2 26 5 27

**CERTIFICATE OF DEATH**

3 1999 38 003398

1. NAME OF DECEDENT—(FIRST GIVEN) <b>Jasper</b>		2. MIDDLE <b>Augustus</b>		3. LAST (FAMILY) <b>Perino</b>	
4. DATE OF BIRTH M/M/DD/CCYY <b>07/04/1908</b>		5. AGE YRS. <b>90</b>		6. SEX <b>M</b>	
7. DATE OF DEATH M/M/DD/CCYY <b>06/14/1999</b>		8. HOUR <b>1750</b>		9. LOCAL REGISTRATION NUMBER	
10. SOCIAL SECURITY NO. <b>7251</b>		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS <b>Married</b>	
13. RACE <b>Caucasian</b>		14. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. EDUCATION—YEARS COMPLETED <b>17</b>	
16. USUAL EMPLOYER <b>Unified School District</b>		17. OCCUPATION <b>Principal</b>		18. YEARS IN OCCUPATION <b>37</b>	
19. KIND OF BUSINESS <b>Education</b>		20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>2991 24th Avenue</b>		21. CITY <b>San Francisco</b>	
22. COUNTY <b>San Francisco</b>		23. ZIP CODE <b>94132</b>		24. YEAR IN COUNTY <b>70</b>	
25. STATE OR FOREIGN COUNTRY <b>California</b>		26. NAME RELATIONSHIP <b>Ethel Perino - Wife</b>		27. MAILING ADDRESS (STREET AND NUMBER OR HOME ROUTE NUMBER, BOX, TOWN, STATE, ZIP) <b>2991 24th Ave., San Francisco, CA 94132</b>	
28. NAME OF SURVIVING SPOUSE—FIRST <b>Ethel</b>		29. MIDDLE <b>Alphild</b>		30. LAST (MARRIAGE NAME) <b>Nelson</b>	
31. NAME OF FATHER—FIRST <b>John</b>		32. MIDDLE <b>Perino</b>		33. LAST <b>Italy</b>	
34. NAME OF MOTHER—FIRST <b>Elena</b>		35. MIDDLE <b>Onorata</b>		36. LAST (MARRIAGE) <b>Divizia</b>	
37. BIRTH STATE <b>Italy</b>		38. DATE OF BIRTH <b>06/17/1999</b>		39. PLACE OF FINAL INTERMENT <b>Cypress Lawn Memorial Park, Colma, CA</b>	
40. TYPE OF DECEASED <b>CR/BU</b>		41. SIGNATURE OF EMBALMER <b>Not Embalmed</b>		42. LICENSE NO.	
43. NAME OF FUNERAL DIRECTOR <b>Duggans Serra Mortuary</b>		44. LICENSE NO. <b>FD 1098</b>		45. SIGNATURE OF LOCAL REGISTRAR <b>Michelle K...</b>	
46. DATE M/D/CCYY <b>06/16/1999</b>		47. PLACE OF DEATH <b>California Conv. Hosp.</b>		48. COUNTY <b>San Francisco</b>	
49. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>2704 California St</b>		50. CITY <b>San Francisco</b>		51. STATE <b>California</b>	
52. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) <b>(A) Alzheimer's Disease</b>		53. THE INTERNAL ORGANIZATION AND DEATH <b>years</b>		54. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>NC99-1327</b>	
55. DUE TO (B)		56. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		57. COPY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
58. DUE TO (C)		59. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		60. AUTOPSY OBTAINED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
61. DUE TO (D)		62. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		63. MEDICAL DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
64. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSES GIVEN IN 107					
65. WAR OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
66. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT THE DECEDENT ATTENDED SINCE I RECEIVED BIRTH RECORDS <b>05/26/1997</b>		67. SIGNATURE AND TITLE OF CERTIFIER <b>Hanh Nguyen, MD</b>		68. LICENSE NO. <b>G42913</b>	
69. DATE M/D/CCYY <b>05/17/1999</b>		70. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>Hanh Nguyen, MD 2200 O'Farrell St, S.F., CA 94115</b>		71. DATE M/D/CCYY <b>06/15/1999</b>	
72. I CERTIFY THAT NO OTHER DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.		73. INJURY AT WORK (81. INJURY DATE M/D/CCYY) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		74. HOUR <b>1750</b>	
75. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		76. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		77. PLACE OF INJURY	
78. CORONER'S USE ONLY <input type="checkbox"/> SUSPECTED <input type="checkbox"/> PENDING <input type="checkbox"/> COULD NOT BE DETERMINED		79. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, STATE, ZIP)		80. TYPE, MAKE, MODEL OF CORONER OR DEPUTY CORONER	
81. SIGNATURE OF CORONER OR DEPUTY CORONER		82. DATE M/D/CCYY		83. TYPE, MAKE, MODEL OF CORONER OR DEPUTY CORONER	
84. STATE REGISTRAR <b>4 X 2</b>		85. FAX AUTH. #		86. CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF SAN FRANCISCO



This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN FRANCISCO COUNTY CLERK.

ATTEST: *Margalena Zevallos* MAGDALENA ZEVALLOS  
DATE ISSUED: **MAY 01 2014**

*Naomi Kelly*  
NAOMI KELLY  
SAN FRANCISCO COUNTY CLERK

This copy is not valid unless prepared on an engraved border displaying the date and signature of the Deputy County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE