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Assessor's Parcel Number: 1220-24-201-037



KAREN ELLISON, RECORDER

Recording Requested by:

Nancy Rey Jackson, Ltd.
Attorney at Law
1591 Mono Avenue
Minden, NV 89423

Mail Tax Statements to:

Mary Tiano
1861 Colt Lane
Gardnerville, NV 89410

_____ I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

I the undersigned hereby affirm that this document submitted for recording contains the social security number of any person or persons as required by law. NRS 440.090 Requisites of certificates.
NRS 440.380(1)(a) Medical certificate of death: Signature; contents
NRS 40.525(5) Death certificate attached to affidavit

Nancy Rey Jackson _____ Attorney

AFFIDAVIT OF TERMINATION OF JOINT TENANCY

APN: 1220-24-201-037

Mail Documents and Tax Statements To:

Mary Tiano
1861 Colt Lane
Gardnerville, NV 89410

AFFIDAVIT OF TERMINATION OF JOINT TENANCY

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

MARY A. TIANO, of legal age, being duly sworn, deposes and says:

1. That DONALD J. TIANO, the decedent mentioned in the attached certified copy of certificate of death, was, until his death, and is the same person as DONALD J. TIANO, named as one of the parties in that certain deed by and between DONALD J. TIANO and MARY A. TIANO, husband and wife, as joint tenants with rights of survivorship, concerning the real property situate in the County of Douglas, State of Nevada, described as follows:

Parcel 27-A as shown on the Parcel Map for Chuck Jacobs, recorded December 14, 1987, in Book 1287 of Official Records at Page 1985, Douglas County, Nevada, as Document No. 168715, being a division of Lot 27, as shown on the Official Map of Ruhenstroth Ranchos Subdivision filed for record on April 15, 1965, as Document No. 27706, Douglas County, Nevada. APN 1220-24-201-037

2. Joint tenancy was established by way of that certain Grant, Bargain, Sale Deed recorded in the office of the County Recorder of Carson City, Nevada, on October 30, 1989, as Document No. 213769.

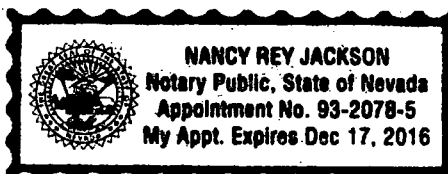
3. That this affidavit is executed and recorded for the purposes of terminating the interest of said DONALD J. TIANO in and to the hereinabove-described real property.

Dated this 27 day of January, 2015.

Mary A. Tiano
MARY A. TIANO

On this 27th day of January, 2015, personally appeared before me, a Notary Public, Mary A. Tiano, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that she executed the above instrument.

Nancy Rey Jackson
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2014019668

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Donald J TIANO		2. DATE OF DEATH (Mo/Day/Year) November 20, 2014		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Emeritus at Gardnerville		3a. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Nursing Home	
DECEDENT	5. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 85	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 20, 1929	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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) Mary A TATARKA			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-9632		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even If Retired) Owner		14b. KIND OF BUSINESS OR INDUSTRY Trucking Company	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1861 Colt Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT -NAME (First Middle Last Suffix) Charles TIANO			17. MOTHER/PARENT -NAME (First Middle Last Suffix) Rose BALESTERI		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Mary A TIANO		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1861 Colt Lane Gardnerville, Nevada 89410			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION - City or Town - State Carson City Nevada 89701	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	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 NITA SCHWARTZ M.D.		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 03, 2014		21c. HOUR OF DEATH 15:00		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	22e. PRONOUNCED DEAD AT (Hour)					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
	24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 03, 2014		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	(a) Alzheimers Dementia				Interval between onset and death	
PART II	(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) 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) No						
28a. ACC., SUICIDE, HOMICIDE, 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

555927

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:

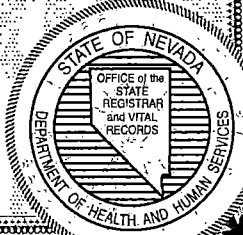
DATE ISSUED:

12/05/2014

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

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE