

APN# : 1022-11-002-001

DOUGLAS COUNTY, NV **2015-856227**
Rec:\$17.00
\$17.00 Pgs=4 01/29/2015 02:09 PM
ETRCO, LLC
KAREN ELLISON, RECORDER

Recording Requested By:

Western Title Company

When Recorded Mail To:

Rosa Salinas
4000 Topaz Ranch Drive
Wellington NV
89444

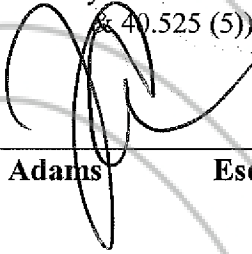
Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5)

& 40.525 (5))

Signature



Traci Adams

Escrow Officer

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

Rosa Salinas, of legal age, being first duly sworn, deposes and says:

That Juan J. Salinas, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Juan J. Salinas named as one of the parties in that certain Grant Bargain & Sale Deed dated 4/13/2010 executed by Juan J. Salinas and Rosa Salinas to Juan J. Salinas and Rosa Salinas as Co-Trustees or their Successor Trustees under the Salinas Family Trust dated January 15, 2009 as joint tenants, recorded as instrument No. 762280, on 4/19/2010, in Book 410, Page 3507, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 33 of TOPAZ RANCH ESTATES NO. 1, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 4, 1963, in Book 20, Page 717, Document No. 23962.

Dated _____

12/9/14

Rosa Salinas

Rosa Salinas
Surviving Joint Tenant

STATE OF NEVADA

COUNTY OF Douglas

This instrument was acknowledged before me on _____

By Rosa Salinas

Traci Adams
Notary Public

}SS



CERTIFICATION OF VITAL RECORD

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

2014016136
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Juan José SALINAS			2. DATE OF DEATH (Mo/Day/Year) September 30, 2014		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 DDA, OP, Emer. Rm. Inpatient (Specify) Inpatient		4. SEX Male					
DECEDENT	5. RACE Hispanic (Specify)		6. Hispanic Origin? Specify Yes - Mexican		7a. AGE Last birthday (Years) 79		7b. UNDER 1 YEAR MO. DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) June 20, 1935	
	9a. STATE OF BIRTH (If not U.S.A., name country) Texas		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) Rosa TARAZAS			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER 9831		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Retired Chief Master Sgt.			14b. KIND OF BUSINESS OR INDUSTRY United States Air Force		Ever in US Armed Forces? Yes				
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington		15d. STREET AND NUMBER 4000 Topaz Ranch Rd			15e. INSIDE CITY LIMITS (Specify Yes or No) No		
PARENTS	16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Patrick SALINAS					17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Francis PEREZ						
	18a. INFORMANT - NAME (Type or Print) Rosa SALINAS				18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 4000 Topaz Ranch Rd Wellington, Nevada 89444							
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial			19b. CEMETERY OR CREMATORY - NAME Riverside National Cemetery			19c. LOCATION - City or Town - State Riverside California 92518					
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Wallon's Chapel of the Valley 1281 N. Reop. Carson City NV 89706						
TRADE CALL	TRADE CALL - NAME AND ADDRESS Green Acres Mortuary 11715 Cedar Bloomington CA 92316											
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) VIJAY MAIYA MD 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) October 06, 2014			21c. HOUR OF DEATH 12:47		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)			
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Vijay Maiya MD, 1600 Medical Parkway Carson City, NV 89703						23b. LICENSE NUMBER 11909					
	24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 06, 2014		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> / NO <input checked="" type="checkbox"/>					
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)											Interval between onset and death
	PART I (a) Cardiopulmonary Arrest											Interval between onset and death
	(b) DUE TO, OR AS A CONSEQUENCE OF: Congestive Heart Failure											Interval between onset and death
	(c) DUE TO, OR AS A CONSEQUENCE OF: Ischemic Cardiomyopathy											Interval between onset and death
(d) DUE TO, OR AS A CONSEQUENCE OF: Atherosclerotic Coronary Disease											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, HOM. 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

Information Corrected, State Affidavit# 60843 10/08/2014 - 19b 19c

549420

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: 10/09/2014

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

R. D. White
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

