

APN# 1220-00-812-053

Recording Requested by:

Name: First American Title Insurance Company

Address: 1663 US Highway 395, Suite 101

City/State/Zip: Minden, NV 89423

Order Number: 143-248174-Rt

Affidavit - Terminating Joint Tenancy (for Recorder's use only)
(Title of Document)

Recorder Affirmation Statement

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 social security number 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 social security number of a person or persons as required by law:

NRS 440330
(State specific law)

R. Thompson Recorder
Signature Title

R. Thompson
Print Signature

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

(Additional recording fee applies)

A.P.N.: 1220-08-812-053
File No: 143-2481174 (Rt)

When Recorded return to, and mail Tax Statements to:
Olga Romano
1008 Hidden Brook
Minden, NV 89423

AFFIDAVIT - TERMINATING JOINT TENANCY

Olga M. Romano, of legal age, being first duly sworn, deposes and says:

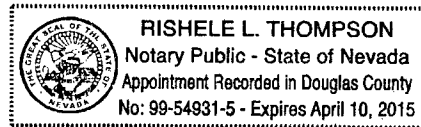
That **John V. Romano**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **John V. Romano** named as one of the parties in that certain **Grant Bargain and Sale Deed** dated **1-5-07** executed by **Coker-Ewing-Nev, LLC** to **John V. Romano and Olga M. Romano** as joint tenants, recorded as Document No. **0693103** on **1-22-07** in Book **0107 Page 5761** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

LOT 85, IN BLOCK E, AS SET FORTH ON FINAL SUBDIVISION MAP, PLANNED UNIT DEVELOPMENT, PD 03-011 FOR ROCKY TERRACE FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON NOVEMBER 30, 2005, IN BOOK 1105, PAGE 12654, DOCUMENT NO. 661875.

Olga M. Romano 3/12/15
Olga M. Romano Date

STATE OF **NEVADA**)
)
) :ss.
COUNTY OF **DOUGLAS**)

This instrument was acknowledged before me on this:
12 day of March, 2015



By: **Olga M. Romano**

By: Rishle Thompson Its: X

Notary Public
(My commission expires: 4/10/15)

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015002098
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) John V ROMANO		2. DATE OF DEATH (Mo/Day/Year) February 07, 2015		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 Inpatient(Specify) Carson Tahoe Regional Medical Center Inpatient		4. SEX Male	
DECEDENT	5. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 77	
	9a. STATE OF BIRTH (If not U.S.A.) Illinois		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER [REDACTED]-1076		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Engineer		14b. KIND OF BUSINESS OR INDUSTRY Mechanical	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Augustus ROMANO		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary ZUCCARO			
	18a. INFORMANT- NAME (Type or Print) Olga ROMANO		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1488 Grendon Way, Gardnerville, Nevada 89410			
DISPOSITION	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) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
TRADE CALL	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) 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)		
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) February 10, 2015		21c. HOUR OF DEATH 04:54		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)	
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) February 11, 2015		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) Acute Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF: (c) Ventricular Tachycardia DUE TO, OR AS A CONSEQUENCE OF: (d) Widely Metastatic Lung Cancer					Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Ischemic Cardiomyopathy				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

565298

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:

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

STATE REGISTRAR
R. White
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

