1/

APN: 1318-23-810-096

RECORDING REQUESTED BY AND WHEN RECORD MAIL TO:

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

MAIL TAX STATEMENTS TO:

Elaine R. Turiano P.O. Box 2297 Stateline, NV 89449 DOUGLAS COUNTY, NV Rec:\$17.00

Total:\$17.00 ALLING & JILLSON

2015-872389 11/09/2015 10:57 AM

Pas=4



KAREN ELLISON, RECORDER

Pursuant to NRS 239B.030, the undersigned hereby affirms that this document submitted for recording does not contain the social security number of any person.

AFFIDAVIT TERMINATING JOINT TENANCY

ELAINE R. TURIANO, being first duly sworn, deposes and testifies upon personal knowledge and says:

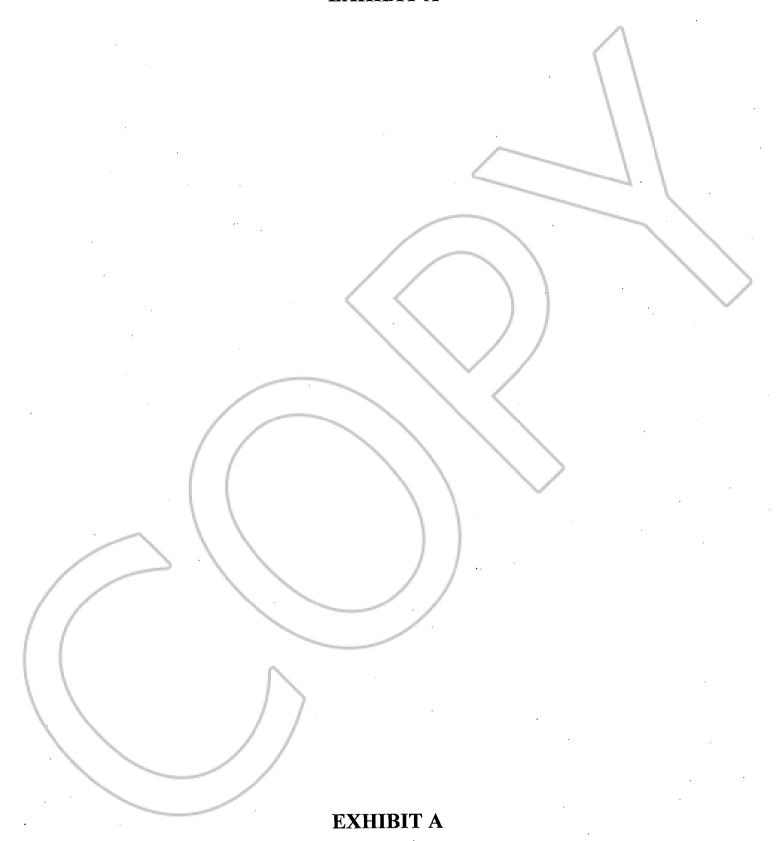
- 1. I am the surviving joint tenant of ONOFRIO C. TURIANO, decedent, with respect to certain real property more particularly described below.
- 2. ONOFRIO C. TURIANO, deceased, and I were joint tenants, with right of survivorship, by virtue of that certain Grant, Bargain and Sale Deed, dated April 26, 1989, recorded on April 28, 1989, in the official records of Douglas County, Nevada, as Document No. 201094; wherein Robert J. Linnell and Virginia N. Linnell, Trustees of the Linnell Investment Trust Dated May 27, 1981, were Grantees, the same conveying that real property, as more particularly described as follows:

Lot 19, Block F, as shown on the Map of Kingsbury Meadows Subdivision, filed in the office of the County Recorder of Douglas County, State of Nevada, July 5, 1955, Document No. 10542.

3. ONOFRIO C. TURIANO died on or about March 27, 2000, in Douglas County, Nevada, and is the identical person named as Onofrio Charles Turiano, the Deceased, in the certified copy of the Certificate of Death attached as Exhibit A and incorporated herein by reference.

All of the real property described in this Affidavit was vested in me upon the death of 4. ONOFRIO C. TURIANO, as of the date of his death. FURTHER AFFIANT SAITH NAUGHT. Dated: October 26th 2015 Affiant/Surviving Joint Tenant State of Nevada :ss. County of Douglas Signed and affirmed before me on October 26th, 2015, by ELAINE R. TURIANO. WITNESS my hand and official seal. JILL L. ROZIER Notary Public, State of Nevada (Signature of Notarial Officer) Appointment No. 08-6796-5 My Appt. Expires Apr 22, 2016

EXHIBIT A





DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

.		,	CERTIFIC	AIL OF DEAL	п	/\	
•	LOCAL FILE NUMBER	· 3		<u></u>			FILE NUMBER
TYPE	DECEASED—NAME First	o Charle	יב דוות	IANO DA	TE OF DEATH (Month, Day	. Year) C	OUNTY OF DEATH
IN	1 AKA Norman	,		TURIANO 2 Ma		000 3	a Douglas
MANENT -	CITY, TOWN OR LOCATION OF	DEATH . HOSPITAL	OR OTHER INSTITUTION—Name		and number) If Hosp, or	Inst. indicate DOA, OP/Er ent (Specify)	ner. SEX
	n. n 1.	20 101	172112 Tama		3e.	ent (opechy)	4. Male
CEDENT	3b. Stateline RACE—(e.g., White, Black, Ameri	ran Was Decedent of H	Williams Lane	o If yes, AGE—Last	, ,	JNDER I DAY_ DATE	OF BIRTH (Mo., Day, Yr.)
:	Indian, etc.) (Specify)		lispanic Origin? Specity 🗌 yes 🔀 nuban, Puerto Rican, etc.	Birthday (Years		OURS MINS	
	5 White	6.	 -	^{7a.} 70	7b		cember 19,192 POUSE (If wife, give maiden name
EATH	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF W	HAT COUN- Decedent's Educat grade completed.	V	MARRIED, NEVER MARRIEI VIDOWED, DIVORCED	D. SURVIVING S	POUSE (If wire, give malder flame
red in Ution	9a New Jersey	9b. U.S.	I* '	í	Specify) Married	12.Elai	ne Baranowski
NDBOOK RDING	SOCIAL SECURITY NUMBER	USUAL OCCUP	PATION (Give Kind of Work Done D	uring Most of .	KIND OF BUSINESS OR IN	IDUSTRY	
ION OF	10 0001	Working Life, E		·	14b Retail St	ores	
E ITEMS	13	TCOUNTY	sion Manager	100	STREET AND NUM		INSIDE CITY LIMITS
	HEGIDENGE-STATE	Joosiu .					(Specify Yes or No)
	15a. Nevada	15b. Douglas	15c. State			<u>lliams Lane</u>	15e: Yes
NEG	FATHER—NAME First	Middle	Last	MOTHER—MAIDEN:	IAME First	Middle	LdSi
NTS ·	^{16.} Rosari	0	Turiano	· 7	Rosaria		Lanza
`	INFORMANT—NAME (Type or Pr		MAILING AD	DRESS	(Street or R.F.D. No., C	ity or Town, State, Zip)	
			188 000	Plana Cour	rt. Absecon,	Novi Torcov	08201
,	BURIAL, CREMATION, REMOVA	<u>iriano - Son</u> LOTHER (Specify)	CEMETERY OR CREMATORY	, riora Coui NAME	LOCATION	New Jersey ON City or Town	
<u> </u>		~ .	1. 18 1 3. 3. 3. 3.		1. W	•	Nort Tomos-
TION	19a Burial / Rem		19b Saint Peters	Cemetery	19c:Ne	w Brunswick	, New Jersey
, CIV	FUNERAL DIBECTOR—SIGNATI (Or Person Acting as Such)		FUNERAL DIRECTOR NAME LICENSE NUMBER	AND ADDRESS OF FACIL	" FitzHenry	's Carson V	alley Funeral
Ļ	20a. 20a. 1	MU	206. 217 20с. Т	lome, 1380 I	lighway 395,	Gardnervil	le, NV 89410
	z 2/a To the best of my kno	wledge, deat orcu red at t	he time, date and place and	22a	On the basis of examination at the time, date and place	n and/or investigation, in n	ny opinion death occurred
	o the best of my knot due to the cause(s) st of the best of my knot due to the cause(s) st of the cause(s) s	ated.	M WILLIAM		nature and Title)	, i	,
ļ	(Signature and Title)	Day Yel	OUR OF DEATH	185 Dat	TE SIGNED (Mo., Day, Yr.)	HOUR OF DE	ATH
Ì	2/10	la a mon		Some 22b		22c.	
ΊΕR	성 <u>골</u> 21b.		ic. 1100		DNOUNCED DEAD (Mo., Da		D DEAD (Hour)
1	NAME OF ATTENDIN	A PHYSICIAN IF OTHER I	HAN CERTIFIER (Type or Print)	[EO [W	DIACCIACED DEVOCING" PS	iy, 17.7	OCAL (FIGUR)
		89	A The state of the		. ON	" 22e. AT	
	NAME AND ADDRES	S OF CERTIFIER (PHYSIC	IAN, ATTENDING PHYSICIAN, ME	DICAL EXAMINER, OR CO	ORONER). (Type or Print.)	LIC	ENSENUMBER
Į	23a. Robocca	Rezaei M.D	., 195 Hwy 50,	Stateline.	Nevada 894	49 235	1 - V 1 () D D .
	REGISTRAR	rezact III.	DAT	RECEIVED BY REGIST	RAR (Mo. Day, Yr.) DEATH	H DUE TO COMMUNICAB	LE DISEASE
ONS Y	104-100-10	\mathcal{L}	246.	May 38 2	240.	YES NO ☑	
AVE O	24a. (Signature) 25. IMMEDIATE CAUSE (5	NIVER ONLY ONE CAUSE	PERILINE FOR (a), (b), AND (c).)	11140000	CICICIII -		al between onset and death
TE [23. HYHVIEDIATE GAGGE	Jala I		14 J. 1		: L	min/ Nato
THE (ING AST	PART (a)	14014 IN	MUMY		126	• <u> 1</u>	al between onset and death
ASI	bue to, on the A dollar deliver of						
/	(a) Crastry Can Munion : 12 mg						O MUNIUS
	. DUE TΦ, OR AS	A CONSEQUENCE OF:	1	7. 11.		Inter	al between onset and peath
	TO TOLK	MARAY 1	ALAMAN OLANA T	RAG VIII	IMMMAY C	ANT HUMIAA. I	a mentir
E OF	PART OTHER SIGNIFICAN	T CONDITIONS—Conditions	contributing to death but not result	ing in the underlying cause	e given in Part 1. AUTOPS	Y (Specify WAS	CASE REFERRED TO
TH	PART TANK	1			V V 26. No	Yes or No) CORC	NER (Specity Yes or No) Yes
	TOO SWOIDS COLL INCOME	DATE OF BUILDINGS AV. 5	av, Yr.) HOUR OF INJURY	DESCRIBE HOW INJUR		27.	<u> </u>
\ I	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJURY (Mo., Da	()				
\ I	(Specify) 28a.	28b.		28d.			DTATE -
1	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At	home, farm, street, factory, office fing, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOW	N STATE
V	28e.	28f		28g.			
`	N. T. T. T.			<u> </u>		11	56035
			7			NO. I	66826
N							
	THE REAL PROPERTY.						
	A STATE A V		STATE REC	SISTRAR			

This is to certify that the above is a true and correct copy of the certificate on file in this office.

MAR 2 8 2000

Date Issued:

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT