



KAREN ELLISON, RECORDER

APN: 1320-29-610-047

When Recorded Mail To:

ROWE & HALES, LLP
James R. Hales, Esq.
P.O. Box 2080
Minden, NV 89423

Send Tax Statements To:

Courtney M. Sabo
1111 Las Brisas Drive
Minden, NV 89423

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY
(Death of Joint Tenant)**

Courtney Sabo, being of legal age and being first duly sworn, deposes and says:

Affiant was the wife of Lance William Gorrindo, up to and until his death.

Lance Gorrindo died on the 4th day of April, 2016, in Carson City County, Nevada.

Lance William Gorrindo, the decedent mentioned in the attached certified copy of Certificate of Death, is named as one of the parties in that certain Grant, Bargain and Sale Deed, dated the 22nd day of September, 2015, executed by Fonte LLC, a Nevada limited liability company to Lance William Gorrindo and Courtney M. Sabo, husband and wife, holding title as joint tenants with rights of survivorship, recorded as Instrument No. 2015-870116 on the 25th day of September, 2015, of the Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

LOT 58 IN BLOCK D, AS SET FORTH ON THE FINAL SUBDIVISION MAP FOR MONTERRA PHASE I RECORDED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER, STATE OF NEVADA, ON AUGUST 24, 2005 IN BOOK 0805, PAGE 11150 AS DOCUMENT NO. 653145 OF OFFICIAL RECORDS.

Subject to

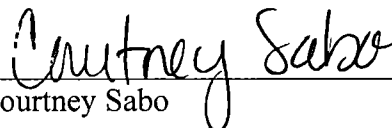
1. All general and special taxes for the current fiscal year.
2. Covenants, Conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Per NRS 111.312, this legal description was previously recorded at Document No. 2015-870116, on September 25th 2015.

Pursuant to NRS 239B.030(4), I affirm that this instrument does not contain the personal information of a person.

IN WITNESS WHEREOF, I have hereunto set my hand this 3rd day of may, 2016.



Courtney Sabo

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

CASE FILE NO. 3887682

2016006321

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lance William GORRINDO		2. DATE OF DEATH (Mo/Day/Year) April 04, 2016		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 or W 7th St and S Nevada St; 2nd Floor Parking Garage		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Ormsby House Parking Garage	
5. RACE White (Specify)		6. Hispanic Origin? Specify Yes - BASQUE		7a. AGE-Last birthday (Years) 39	
9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 19	
13. SOCIAL SECURITY NUMBER 7182		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Veterinarian		14b. KIND OF BUSINESS OR INDUSTRY Animal Health	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert GORRINDO		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lorolyn DAVY			
18a. INFORMANT- NAME (Type or Print) Courtney SABO		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1111 Las Brisas Dr, Minden, Nevada 89423			
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	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R ROBINSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 870		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) RUTH RHINES SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) April 08, 2016		21c. HOUR OF DEATH 02:56	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. PRONOUNCED DEAD (Mo/Day/Yr) April 04, 2016		22e. PRONOUNCED DEAD AT (Hour) 02:56	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Ruth Rhines 911 E Musser St. Carson City, NV 89701				23b. LICENSE NUMBER 9307	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 08, 2016		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Gunshot Wound To Head DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Suicide		28b. DATE OF INJURY (Mo/Day/Yr) April 04, 2016		28c. HOUR OF INJURY 0256	
28e. INJURY AT WORK (Specify Yes or No) 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 7th Street And South Nevada Street, Carson City Nevada	
STATE REGISTRAR					



623112

CERTIFIED COPY OF VITAL RECORDS

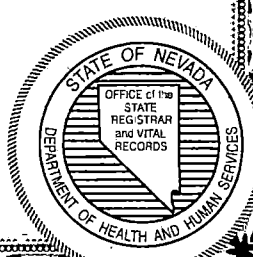
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

4/11/2016

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

Cody Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED



VRB-Rev-20120523a

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE