

16-  
APN# : 1022-10-002-055



KAREN ELLISON, RECORDER

**Recording Requested By:**

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**When Recorded Mail To:**

Marciano Leon  
9 Century Circle  
Carson City NV  
89706

**Mail Tax Statements to: (deeds only)**

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(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 Marciano Leon  
Marciano T. Leon Owner

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**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**

Marciano T. Leon, of legal age, being first duly sworn, deposes and says:

That Longina Leon, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Longina Yurivilca Leon named as one of the parties in that certain Grant, Bargain Sale Deed dated 2/10/2004 executed by Julian Leon-Tinoco and Gloria Jurado Leon, husband and wife as joint tenants to Marciano T. Leon and Longina Yurivilca Leon, husband and wife as joint tenants, recorded as instrument No. 0604251, on 02/10/2004, in Book n/a, Page n/a, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 1 as shown on the map of Topaz Ranch Estate Unit No. 2, filed for record in the office of the County Recorder of Douglas County, Nevada on February 20, 1967, Document No. 35464.

Dated July 27, 2016

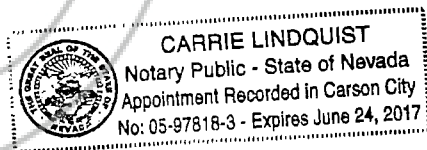
Marciano T. Leon  
Marciano T. Leon, Surviving Joint Tenant

STATE OF NEVADA }SS  
COUNTY OF Carson City

This instrument was acknowledged before me on July 27, 2016,

by Marciano T. Leon

Carrie Lindquist  
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**

**2012016470**  
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) <b>Longina LEON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 10, 2012</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name/(If not either, give street and <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE Peru (Specify) <b>Peru</b>		6. Hispanic Origin? Specify <b>Yes - PERU</b>	
7a. AGE-Last birthday (Years) <b>73</b>		7b. UNDER 1 YEAR <b>MOS</b> <b>DAYS</b> <b>HOURS</b> <b>MIN'S</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>March 15, 1939</b>	
9a. STATE OF BIRTH (If not U.S.A., <b>Peru</b>		9b. CITIZEN OF WHAT COUNTRY <b>Peru</b>		10. EDUCATION <b>3</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (Maiden name) <b>Marciano LEON</b>		13. SOCIAL SECURITY NUMBER <b>██████-1003</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		15. Ever in US Armed Forces? <b>No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>2295 Star Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Jacinto YURIVILCA</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Vecitacion ESPINOZA</b>		18a. INFORMANT- NAME (Type or Print) <b>Marciano LEON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2295 Star Way Carson City, Nevada 89706</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
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) <b>SIGNATURE AUTHENTICATED</b> <b>KAMERON FERDOWSALI M.D.</b>			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) <b>October 17, 2012</b>		21c. HOUR OF DEATH <b>17:30</b>		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)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>KAMERON FERDOWSALI M.D. 1600 Medical Parkway Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>12745</b>	
24a. REGISTRAR (Signature) <b>MICHELE L YOUNG</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 18, 2012</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
PART I (a) <b>Cardiac Arrest</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Acute Cerebrovascular Accident</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Left Ventricular Thrombus</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Atrial Fibrillation</b>				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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
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

3678975



CERTIFIED COPY OF VITAL RECORDS

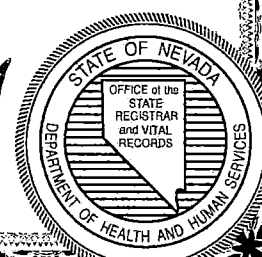
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

**JUL 22 2016**

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

*Cody L. Young*  
STATE REGISTRAR