

DOUGLAS COUNTY, NV

2016-891328

Rec:\$16.00

\$16.00 Pgs=3

11/29/2016 02:26 PM

TICOR TITLE - GARDNERVILLE

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Linda M. Matuszewski  
855 Tamarack Drive  
Minden, NV 89423

The undersigned hereby affirms that this document submitted for recording includes a death certificate which may contain a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 1606340-RLT  
APN No.: 1320-30-212-003

### AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA  
COUNTY OF DOUGLAS

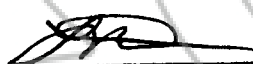
} SS:

Linda M. Matuszewski, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Margaret M. Camaioni the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Margaret Camaioni named as one of the Grantees in that certain Deed from Susanne C. Laundry to Margaret Camaioni, a widow and Ted K. Matuszewski and Linda M. Matuszewski, husband and wife as joint tenants all as joint tenants recorded in Book 0505 as Instrument No. 0645465, on 5-27-05 of Official Records of Douglas County, Nevada, covering the following described property.

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF

Dated: November 28, 2016

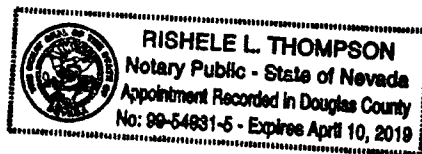
  
Linda M. Matuszewski

STATE OF NEVADA  
COUNTY OF DOUGLAS

} SS:

This instrument was acknowledged before me on 11/28/16,  
by Linda M. Matuszewski

  
NOTARY PUBLIC



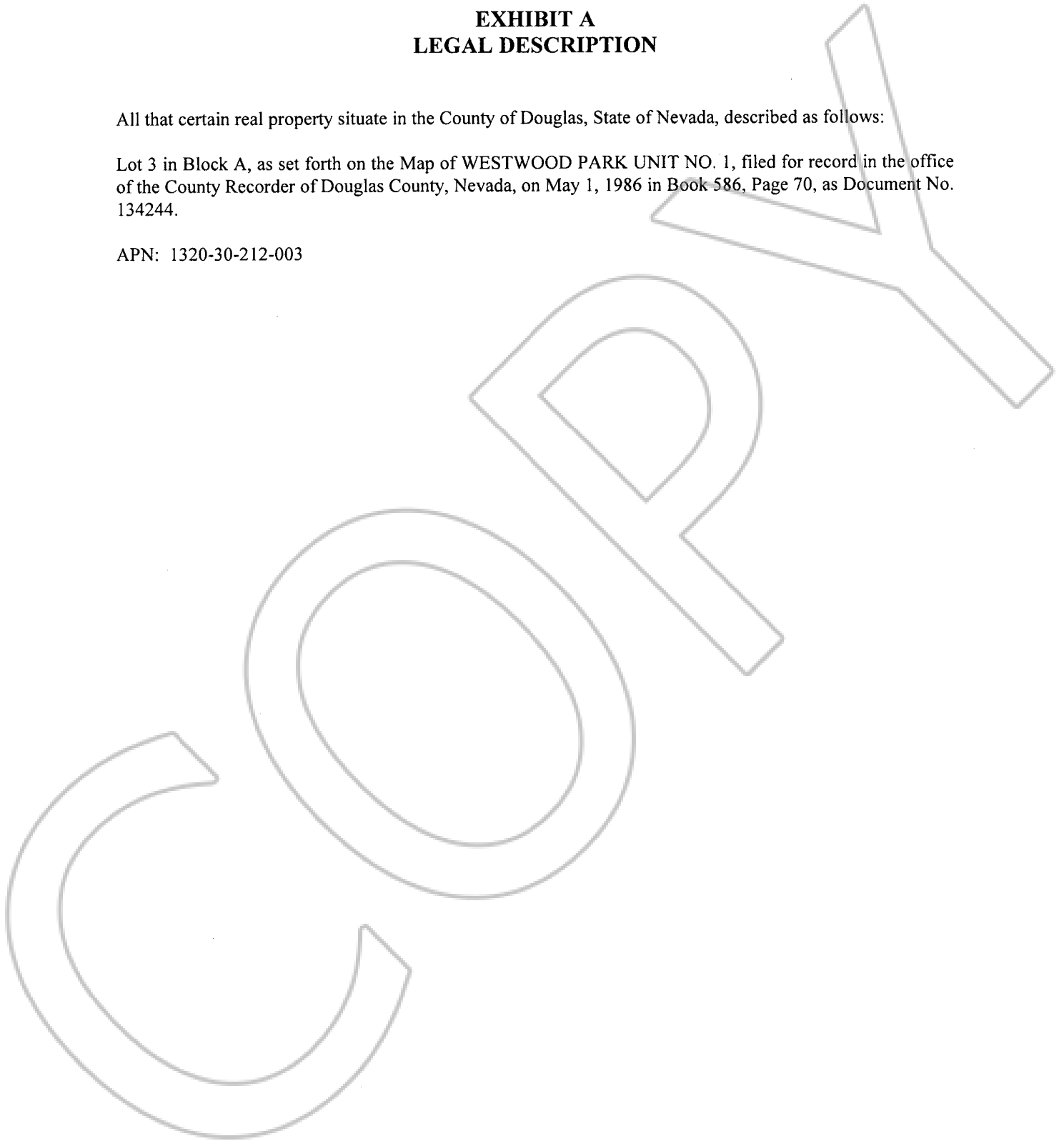
Escrow No.01606340 RLT

**EXHIBIT A  
LEGAL DESCRIPTION**

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

Lot 3 in Block A, as set forth on the Map of WESTWOOD PARK UNIT NO. 1, filed for record in the office of the County Recorder of Douglas County, Nevada, on May 1, 1986 in Book 586, Page 70, as Document No. 134244.

APN: 1320-30-212-003



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY of SAN BERNARDINO**

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

**CERTIFICATE OF DEATH**

3201336005317

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
MARGARET		CAMAIONI	
2. MIDDLE		4. DATE OF BIRTH	
M		10/09/1920	
5. AGE Yrs.		6. SEX	
92		F	
7. DATE OF DEATH		8. HOUR	
05/23/2013		1345	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
ITALY		3598	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SHIP (at time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		WIDOWED	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)	
03		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back))		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED	
ITALIAN		CATERER	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
FOOD INDUSTRY		10	
20. DECEDENT'S RESIDENCE (Street and number, or location)			
9033 TAMARIND AVE.			
21. CITY		22. COUNTY/PROVINCE	
FONTANA		SAN BERNARDINO	
23. ZIP CODE		24. YEARS IN COUNTY	
92395		64	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		RONALD CAMAIONI, SON	
27. INFORMANT'S LAST KNOWN ADDRESS (Street and number, or rural route number, city or town, state and zip)		28. NAME OF SURVIVING SPOUSE/SHIP - FIRST	
9033 TAMARIND AVE., FONTANA, CA 92335			
29. MIDDLE		30. LAST (BIRTH NAME)	
		TIBERIO	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE	
LEONARDO			
33. LAST		34. BIRTH STATE	
TIBERIO		ITALY	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	
MARIA		GIOVANNA	
37. LAST (BIRTH NAME)		38. BIRTH STATE	
TROMBETTA		ITALY	
39. DEPOSITION DATE		40. PLACE OF FINAL DISPOSITION	
05/31/2013		GREEN ACRES MEMORIAL PARK 11715 CEDAR AVE., BLOOMINGTON, CA 92316	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF ESTABLISHER	
BU		TAMARA PARIS	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
8558		INGOLD FUNERAL CHAPEL	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD821		MAXWELL OHIKHUARE, MD	
47. DATE		48. SIGNATURE OF LOCAL REGISTRAR	
05/28/2013			
101. PLACE OF DEATH			
KAISER HOSPITAL			
102. COUNTY		103. CITY	
SAN BERNARDINO		FONTANA	
104. CAUSE OF DEATH			
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)			
9961 SIERRA AVENUE			
106. CAUSE OF DEATH			
107. IMMEDIATE CAUSE (Final disease or condition resulting in death)			
SYSTEMIC INFLAMMATORY RESPONSE SYNDROME			
108. CAUSE OF DEATH			
STROKE			
109. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE, GIVEN IN 107			
NONE			
110. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (if yes, list type of operation and date)			
NONE			
111. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
112. SIGNATURE AND TITLE OF CERTIFIER		113. LICENSE NUMBER	
MENNA SEIFU M.D.		A111377	
114. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		115. DATE	
MENNA SEIFU M.D. 9961 SIERRA AVENUE, FONTANA, CA 92335		05/24/2013	
116. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
117. MANNER OF DEATH			
Natural <input type="checkbox"/> Account <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
118. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
119. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
120. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
121. SIGNATURE OF CORONER / DEPUTY CORONER			
122. DATE			
123. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		FAX AUTH/J	
A 2529		CENSUS TRACT	
*01000190236279*			

**CERTIFIED COPY OF VITAL RECORDS**

STATE OF CALIFORNIA  
COUNTY OF SAN BERNARDINO

DATE ISSUED

May 29, 2013

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

*Maxwell Ohikhuare*

MAXWELL OHIKHUARE, M.D.  
COUNTY HEALTH OFFICER  
REGISTRAR OF VITAL STATISTICS



\*002227927\*

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

