

**APN:** 1318-23-710-073

**R.P.T.T.:** \$0.00

**Recording Requested By:**

uDeed, LLC

9041 South Pecos Road, Suite 3900

Henderson, NV 89074

**After Recording Mail To:**

uDeed, LLC - 82861

9041 South Pecos Road, Suite 3900

Henderson, NV 89074

**Send Subsequent Tax Bills To:**

Christine A. DeVito

9331 Marshall Street

Rosemead, CA 91770

## **AFFIDAVIT TERMINATING JOINT TENANCY**

### TITLE OF DOCUMENT

The undersigned, **Christine A. DeVito** of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That **Leslie John DeVito** having become deceased on **January 2, 2015**, pursuant to the attached certified copy Certificate of Death, is the same person as **Leslie J. DeVito** named as one of the parties in that certain **Individual Grant Deed** dated **December 14, 1993** by **Ronald J. Todd and Sandra J. Todd, husband and wife as joint tenants to Leslie J. DeVito and Christine A. DeVito, husband and wife a joint tenants**, recorded on **December 22, 1993**, in Book **1293**, at Page **5051**, as Recorded Document No. **325774** of Official Records of the Douglas County Recorder's Office, Douglas County, State of Nevada.
2. The real property subject hereof is situated in the County of **Douglas**, State of **Nevada**, bounded and described as follows:

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

MORE commonly known as: **357 Sherwood Drive, Stateline, Nevada 89449**

Per NRS 111.312 - The Legal Description appeared previously in **Individual Grant Deed**, recorded on **December 22, 1993**, as Document No. **325774** in Douglas County Records, Douglas County, Nevada.

3. That the undersigned affiant, **Christine A. DeVito**, is the surviving spouse and joint tenant of the named decedent.

I, **Christine A. DeVito**, hereby affirm that this document submitted for recording contains personal information (social security number, driver's license number or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is (NRS) 40.525.



Christine A. DeVito

Affiant

Title

DATED this 6<sup>th</sup> day of January, 2017.

Christine A. DeVito  
Christine A. DeVito

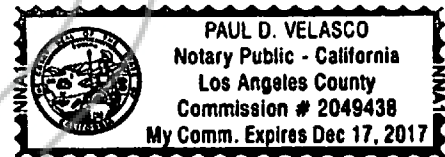
STATE OF CALIFORNIA )  
COUNTY OF LOS ANGELES ) <sup>SS</sup>

SUBSCRIBED AND SWORN before me this 6<sup>th</sup> day of January, 2017,  
by **Christine A. DeVito**.

NOTARY STAMP/SEAL

Paul D. Velasco  
Notary Public

PAUL D. VELASCO, NOTARY PUBLIC  
Title and Rank  
My Commission Expires: 12-17-17



**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

THE REAL PROPERTY SUBJECT HEREOF IS SITUATED IN THE COUNTY OF DOUGLAS,  
STATE OF NEVADA, BOUNDED AND DESCRIBED AS FOLLOWS:

LOT 73, AS SHOWN ON THE MAP OF LAKEWOOD KNOLLS SUBDIVISION, DOUGLAS  
COUNTY, NEVADA, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS  
COUNTY, NEVADA, ON MAY 29, 1958, IN BOOK 1 OF MAPS, AS DOCUMENTS NO. 13163.

Per NRS 111.312 - The Legal Description appeared previously in **Individual Grant Deed**,  
recorded on **December 22, 1993**, as Document No. **325774** in Douglas County Records,  
Douglas County, Nevada.

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2015000925

STATE FILE NUMBER

**TYPE OR PRINT IN PERMANENT BLACK INK**

**DECEDENT**

**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>Leslie John DEVITO</b>		2 DATE OF DEATH (Mo/Day/Year) <b>January 02, 2015</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Staterline</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and apt. no.) <b>357 Sherwood Dr</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emor Rm. Inpatient (Specify) <b>Not Classifiable</b>	
5 RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>74</b>	
9a STATE OF BIRTH (If not U.S.A.) <b>Illinois</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10 EDUCATION <b>16</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12 SURVIVING SPOUSE (Maiden name) <b>Christine Ann BLASSMAN</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>October 09, 1940</b>	
13. SOCIAL SECURITY NUMBER <b>0889</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) <b>Self Employed</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Gold'n Coins</b>	
15a RESIDENCE - STATE <b>California</b>		15b COUNTY <b>Los Angeles</b>		15c. CITY, TOWN OR LOCATION <b>Rosemead</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Angelo DEVITO</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Josephine PECORARO</b>			
18a. INFORMANT - NAME (Type or Print) <b>Christine A DEVITO</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>9331 E. Marshall St Rosemead, California 91770</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno 989 West Moana Lane Reno NV 89509</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)		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)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>MARSHALL FLAGG 1038 Buckeye Rd Minden, NV 89423</b>		23b. LICENSE NUMBER <b>465</b>		22e. PRONOUNCED DEAD AT (Hour) <b>22:18</b>	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 23, 2015</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) <b>Atrial Fibrillation</b>		Interval between onset and death			
(a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d) DUE TO, OR AS A CONSEQUENCE OF:		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. <b>Hypertension</b>		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, HOMICIDE, OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28e. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			
28f. INJURY AT WORK (Specify Yes or No)		28g. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

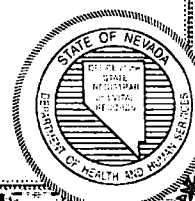
**CERTIFIED COPY OF VITAL RECORDS**

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: **2/3/2015**

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

*R. D. Whelan*  
STATE REGISTRAR  
**SIGNATURE AUTHENTICATED**



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE