

APN: 142018111001R.P.T.T.: \$0.00**Recording Requested By:**

Claudia Silva
830 Amador Circle
Carson City, Nevada 89705

After Recording Mail To:

Claudia Silva
830 Amador Circle
Carson City, Nevada 89705

Send Subsequent Tax Bills To:

Claudia Silva
830 Amador Circle
Carson City, Nevada 89705

62620129 - 3889350

AFFIDAVIT TERMINATING JOINT TENANCY

TITLE OF DOCUMENT

The undersigned, **Claudia Silva** of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That **Rafael Olivas Silva** having become deceased on **September 16, 2012**, pursuant to the attached certified copy Certificate of Death, is the same person as **Rafael O. Silva** named as one of the parties in that certain **Deed** dated **February 28, 2000** by **Syncon Homes, a Nevada Corporation** to **Rafael O. Silva and Claudia Silva, husband and wife as joint tenants**, recorded on **August 2, 2000**, in Book **800**, at Page **455**, 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: **830 Amador Circle**
Carson City, Nevada 89705

Per NRS 111.312 - The Legal Description appeared previously in **Deed**, recorded on **August 2, 2000**, in Book 800, at Page 455 in Douglas County Records, Douglas County, Nevada.

3. That the undersigned affiant, **Claudia Silva**, is the surviving spouse and joint tenant of the named decedent.

I, **Claudia Silva**, 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.



Claudia Silva

Affiant
Title

(Attached to and becoming a part of AFFIDAVIT TERMINATING JOINT TENANCY dated: January 23, 2017 for Rafael O. Silva)

DATED this 23 day of January, 2017.

Rail
Claudia Silva

STATE OF Nevada)
COUNTY OF Douglas) ss

SUBSCRIBED AND SWORN before me this 23 day of January, 2017, by Claudia Silva.

NOTARY STAMP/SEAL

Sherril Macaluso
Notary Public
Notary Public
Title and Rank
My Commission Expires: 07/30/2019



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2012016312
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) Rafael Olivas SILVA		2. DATE OF DEATH (Mo/Day/Year) September 16, 2012		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 and number) Carson Tahoe Regional Medical Center		3e. If Hosp or Inst. indicate DOA,OP, Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient	
4. SEX Male		5. RACE Hispanic (Specify) Hispanic		6. Hispanic Origin? Specify Yes - Mexican	
7a. AGE-Last birthday (Years) 43		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 09, 1969		9a. STATE OF BIRTH (If not U.S.A. name country) Mexico		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Claudia RODRIGUEZ	
13. SOCIAL SECURITY NUMBER 0876		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Bar Tender Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Casino	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 830 Amador Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Ismael SILVA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Leticia OLIVAS		
18a. INFORMANT- NAME (Type or Print) Claudia SILVA			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 830 Amador Circle Carson City Nevada 89705		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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			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) RUTH RHINES SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) October 15, 2012		21c. HOUR OF DEATH 06:35		22b. DATE SIGNED (Mo/Day/Yr) October 15, 2012	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 06:35		22d. PRONOUNCED DEAD (Mo/Day/Yr) September 16, 2012	
22e. PRONOUNCED DEAD AT (Hour) 06:35		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Ruth Rhines 901 E Musser St. Carson City, NV 89701			
23b. LICENSE NUMBER 9307					
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 15, 2012		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) Multiple Blunt Force Injuries					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) _____					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) _____					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) _____					
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) Yes	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOM., UNDET. OR FATALITY INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) September 16, 2012		28c. HOUR OF INJURY 0635	
28d. DESCRIBE HOW INJURY OCCURRED Motor Vehicle Accident					
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Highway		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE Highway 395 at Lucerne Street Minden Nevada	

STATE REGISTRAR

3675281

455778

CERTIFIED COPY OF VITAL RECORDS

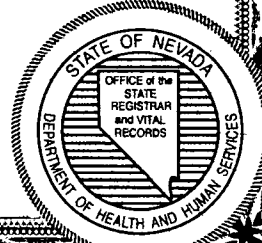
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

10/17/2012

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

Ruth Rhines
STATE REGISTRAR
SIGNATURE AUTHENTICATED



VRS-Rev-20120523a

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"
LEGAL DESCRIPTION

LAND SITUATED IN THE INDEPENDENT CITY OF CARSON CITY IN THE STATE OF NV

LOT 52, BLOCK D OF THE FINAL MAP NO. 1011-2A ENTITLED VALLEY VISTA ESTATES, 2 PHASE 2A, FILED FOR RECORD IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON DECEMBER 6, 1995 BOOK 1295, PAGE 786, DOCUMENT NO. 376388 OFFICIAL RECORDS.

Per NRS 111.312 – The Legal Description appeared previously in **Deed**, recorded on **August 2, 2000**, in Book 800, at Page 455 in Douglas County Records, Douglas County, Nevada.

