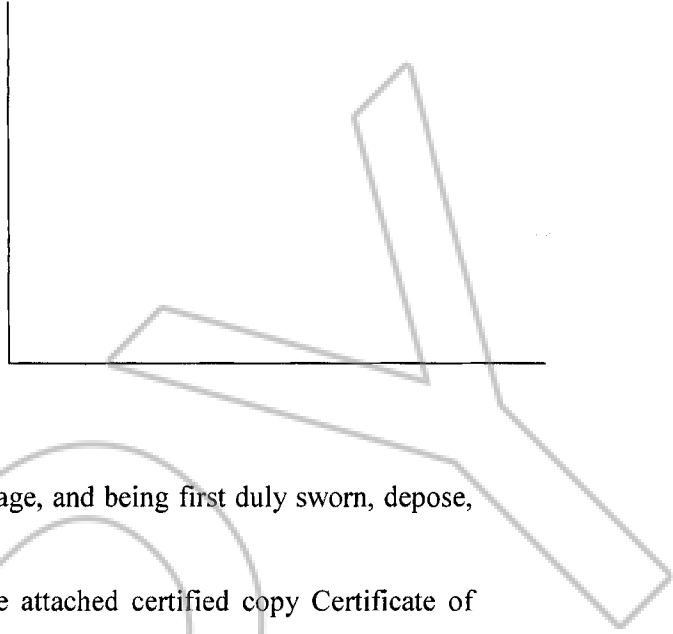


AFFIDAVIT-Termination of Joint Tenancy (Death of a Joint Tenant)

Assessor's Parcel No. (APN#): 1420-18-301-014

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO:
Salvatore A. Russo
860 Harris Road
Minden, NV 89423



FNC-ARS-12403

I, SALVATORE A. RUSSO the Affiant, being of legal age, and being first duly sworn, depose, and says:

That Sharon Lee Russo, the decedent mentioned in the attached certified copy Certificate of Death, is the same person as Sharon L. Russo named as one of the parties in that certain Grant, Bargain, Sale Deed dated on the 29th day of November, 1990 and executed by Donald M. Hintz, an unmarried man, known as "Grantor" to Salvatore A. Russo and Sharon L. Russo, husband and wife, known as Grantees, as Joint Tenants, and recorded in book 1190, page 4475, on the 30th day of November, 1990, of Official Records of Douglas County, Nevada, cover the following described property situated in Douglas County, State of Nevada.

A PARCEL OF LAND LOCATED IN THE NORTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 18, TOWNSHIP 14 NORTH, RANGE 20 EAST, M.D.B. & M., DOUGLAS COUNTY, NEVADA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHWEST CORNER OF THE SOUTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SAID SECTION 18, MARKED WITH A GOVERNMENT BRASS CAP, PROCEED NORTH 0 DEG. 01' 12" EAST, 1,322.18 FEET, ALONG THE 1/16 SECTION LINE, TO THE TRUE POINT OF BEGINNING, WHICH IS THE SOUTHWEST CORNER OF THE PARCEL; THENCE NORTH 0 DEG. 01' 12" EAST, 374.98 FEET; TO THE NORTHWEST CORNER OF THE PARCEL; THENCE NORTH 89 DEG. 55' 34" EAST, 441.51 FEET TO THE NORTHEAST CORNER OF THE PARCEL; THENCE SOUTH 0 DEG. 01' 12" WEST, 374.98 FEET TO THE SOUTHEAST CORNER OF THE PARCEL; THENCE SOUTH 89 DEG. 55' 34" WEST, 441.51 FEET TO THE POINT OF BEGINNING.

THE ABOVE DESCRIBED BEGIN ALSO KNOWN AS PARCEL 2 OF THE PARCEL MAP FOR CAROL HARRIS RECORDED SEPTEMBER 22, 1977, IN BOOK 977 OF OFFICIAL RECORDS, AT PAGE 1303, DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 13232.

TOGETHER WITH A RIGHT OF WAY ACCESS ROAD GRANTED BY BUREAU OF LAND MANAGEMENT TO DONALD HINTZ ON MARCH 5, 1987, IN BOOK 387 OF OFFICIAL RECORDS, AT PAGE 479, DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 151015.

Property Address: 860 Harris Road, Minden, NV 89423

That value of all real property owned by the decedent at date of death, including the full value of the property above described, did not exceed the amount of sum of \$ _____.

In witness whereof, I have hereunto set my hand this 25 day of October, 2017.

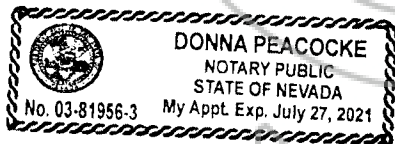
Salvatore A. Russo
SALVATORE A. RUSSO

STATE OF NEVADA }

County of Douglas to wit: }

Signed and sworn to (or affirmed before me this 25 day of OCT, 2017 by SALVATORE A. RUSSO.

Donna Peacocke
Notary Public
My Commission Expires: 7-27-21



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2013014801
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) Sharon Lee RUSSO		2. DATE OF DEATH (Mo/Day/Year) July 15, 2013		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 860 Harris Road		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 71		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MIN	
8. DATE OF BIRTH (Mo/Day/Yr) March 09, 1942		9a. STATE OF BIRTH (if not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Salvatore A RUSSO	
13. SOCIAL SECURITY NUMBER ██████████-8556		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Insurance Adjuster		14b. KIND OF BUSINESS OR INDUSTRY Insurance	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 860 Harris Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		15f. EVER IN US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Logan KING			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ida ERICKSON		
18a. INFORMANT - NAME (Type or Print) Salvatore A RUSSO		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 860 Harris Road Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) TIM FANELLI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 708		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1814 N Curry Street Carson City NV 89703	
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) MARSHALL FLAGG 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) MARSHALL FLAGG SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) September 08, 2013		21c. HOUR OF DEATH 14:30		22b. DATE SIGNED (Mo/Day/Yr) September 08, 2013	
22c. HOUR OF DEATH 14:30		22d. PRONOUNCED DEAD (Mo/Day/Yr) July 15, 2013		22e. PRONOUNCED DEAD AT (Hour) 14:30	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) MARSHALL FLAGG 1038 Buckeye Minden, NV, 89423			
23b. LICENSE NUMBER 465		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 12, 2013		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) Ruptured Aortic Dissection 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 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 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

3723218

VRS-Rev-20120523a

498960

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: 09/12/2013

R. Shore
SIGNATURE AUTHENTICATED

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

