

DOUGLAS COUNTY APN 1220-03-211-004

RECORDING REQUESTED BY and:

Malou Pastones
1420 Red Cedar Ave
Gardnerville, NV 89410



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANT

(Only use if applicable)

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

XX Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Malou Pastones
Signature

Malou Pastones
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss
COUNTY OF DOUGLAS)

Malou Pastones, of legal age, being first duly sworn deposes and says:

That affiant is the surviving joint tenant of **Joseph Fonte**, deceased.

That **Joseph Fonte**, the decedent, is the same person as named as one of the parties in that certain Grant, Bargain, Sale Deed dated March 16, 2011 executed by Joseph Fonte and Cristina Fonte, husband and wife as joint tenants (Grantor) to Joseph Fonte and Cristina Fonte, husband and wife and Malou Pastones, an unmarried woman, all as Joint Tenants (Grantee), and recorded on March 17, 2011, in Book 311, at Page 3630, as Document No. 780142, of the Official Records of Douglas County, State of Nevada, pertaining to the following described property situate in Douglas County, State of Nevada, commonly known as 1420 Red Cedar Avenue, Gardnerville, Nevada 89410, baring APN 1220-03-211-004 and more particularly described as follows:

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

Lot 4, Block B, as set forth on Final Subdivision Map LDA 01-047, Planned Unit Development for ARBOR GARDENS, PHASE 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 30, 2004, in Book 0604, Page 14661, as Document No. 617515, and by Certificate of Amendment recorded July 22, 2004, Book 0704, Page 9327, as Document No. 619458.

[Per NRS 111.312, this legal description was previously recorded on March 17, 2011, in Book 311, at Page 3630, as Document No. 780142,, Official Records of Douglas County, Nevada.]

That the said **Joseph Fonte** died on the 4th day of November, 2011, in Carson City, State of Nevada, as set forth in the Certificate of Death filed November 29, 2011, as document number

2011017424 with the Registrar of the State of Nevada, Department of Health and Human Services, Division of Health, Vital Statistics, attached hereto and to which your attention is directed.

That all interest in and to said real property vested absolutely in **Cristina Fonte, a widow, and Malou Pastones, an unmarried woman, as Joint Tenants**, as of the date of said decedent's death as set forth above.

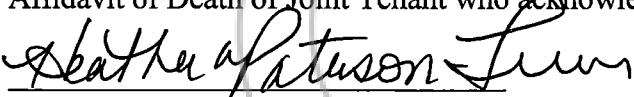
DATED this 13 day of February, 2018.

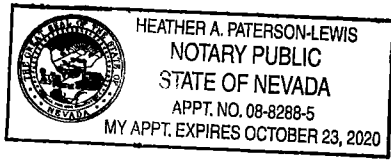


Malou Pastones

State of Nevada)
) :ss
County of Douglas)

On February 13, 2018, personally appeared before me, a notary public, **Malou Pastones**, personally known (or proved) to me to be the person whose name is subscribed to the above Affidavit of Death of Joint Tenant who acknowledged that she executed the instrument.


Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011017424
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Joseph R FONTE		2. DATE OF DEATH (Mo/Day/Year) November 04, 2011		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 OOA,OP/Emer Rm. Inpatient(Specify) Inpatient	
5. RACE Asian (Specify) Asian		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 68	
7b UNDER 1 YEAR MOS		7c UNDER 1 DAY DAYS		8 DATE OF BIRTH (Mo/Day/Yr) June 23, 1943	
9a. STATE OF BIRTH (If not U.S.A., name country) Philippines		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) Christina BUENAVENTURA			
13. SOCIAL SECURITY NUMBER 0459		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Hotel Guest Service		14b KIND OF BUSINESS OR INDUSTRY Hotel	
15a RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1424 Honey Locust Ave		15e INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Atilano FONTE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dolores REYES		
18a. INFORMANT- NAME (Type or Print) Cristina FONTE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1424 Honey Locust Ave Gardnerville, Nevada 89410		
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 (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) TODD PALMER CHAPMAN M.D. 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)		
21b. DATE SIGNED (Mo/Day/Yr) November 08, 2011		21c. HOUR OF DEATH 12:07		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22e. PRONOUNCED DEAD AT (Hour)		
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Todd Palmer Chapman M.D. 412 W John Street Carson City, NV 89701				23b LICENSE NUMBER 5933	
24a. REGISTRAR (Signature) JENELLE ENGLISH SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 10, 2011		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) Left Ventricular Rupture Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Mitral Valve Replacement Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Mitral Regurgitation Interval between onset and death					
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) No	
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	

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

STATE REGISTRAR

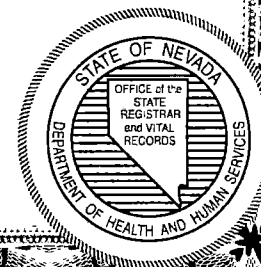
CERTIFIED COPY OF VITAL RECORDS

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: **11/29/2011**

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

Rodney White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



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