

APN # 1420-07-611-023

Escrow # 00234487 -016-

Recording Requested By:
First Centennial Title Company
1450 Ridgeview Dr. #100
Reno, NV 89509

When Recorded Return to:
Audrey Porcella
101 Marquis Terrece
Dayton, NV 89403

Mail Tax Statements to:
Jessica Alexandra Castiblanco
986 Ridgeview Dr.
Carson City, NV 89705

DOUGLAS COUNTY, NV **2018-911979**
Rec:\$35.00
\$35.00 Pgs=5 **03/23/2018 02:34 PM**
FIRST CENTENNIAL - RENO (MAIN OFFICE)
KAREN ELLISON, RECORDER

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT – DEATH OF JOINT TENANT

(Title of Document)

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS. 5440.380(I) (state specific law).

Denise M. Clark
SIGNATURE

ESCROW OFFICER
TITLE

DENISE M. CLARK
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

SPACE BELOW FOR RECORDER

APN: 1420-07-611-023
Escrow No. 00234487 - 016

When Recorded Return to:
Audrey Porcella
101 Marquis Terrece
Dayton, NV 89403

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AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA
COUNTY OF DOUGLAS

} ss:

Audrey Porcella, Carmela Anne Porcella and Mary Beth Martin, of legal age, being duly sworn, deposes and says

That Roger E. Porcella the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Roger E. Porcella named as one of the parties in that certain Quitclaim Deed dated November 8, 2006 executed by Roger E. Porcella and Audrey Porcella to Roger E. Porcella, Audrey Porcella, Carmella Ann Porella AKA Carmela Anne Porcella and Mary Beth Martin as joint tenants, recorded as Instrument No. 0688208, on November 8, 2006 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 31, in Block E, of SUNRIDGE HEIGHTS PHASE 2, a Planned Unit Development, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on September 30, 1993, in Book 993, Page 6482, as Document No. 319089.

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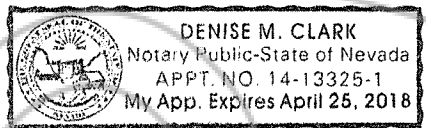
Dated: 3/21/2018

Audrey Porcella
Audrey Porcella

SUBSCRIBED AND SWORN TO before me on this 21 day of MARCH, 2018

Denise M. Clark
NOTARY PUBLIC

By: Audrey Porcella



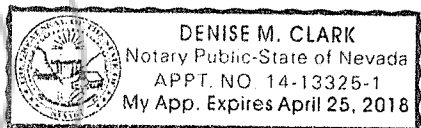
Dated: 3/21/2018

Carmela Anne Porcella
Carmela Anne Porcella

SUBSCRIBED AND SWORN TO before me on this 21 day of MARCH, 2018

Denise M. Clark
NOTARY PUBLIC

By: Carmela Anne Porcella



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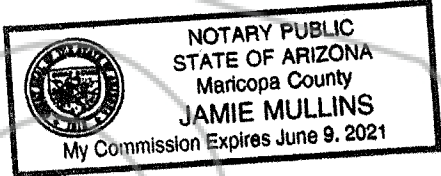
Dated: 3-8-18

[Signature]

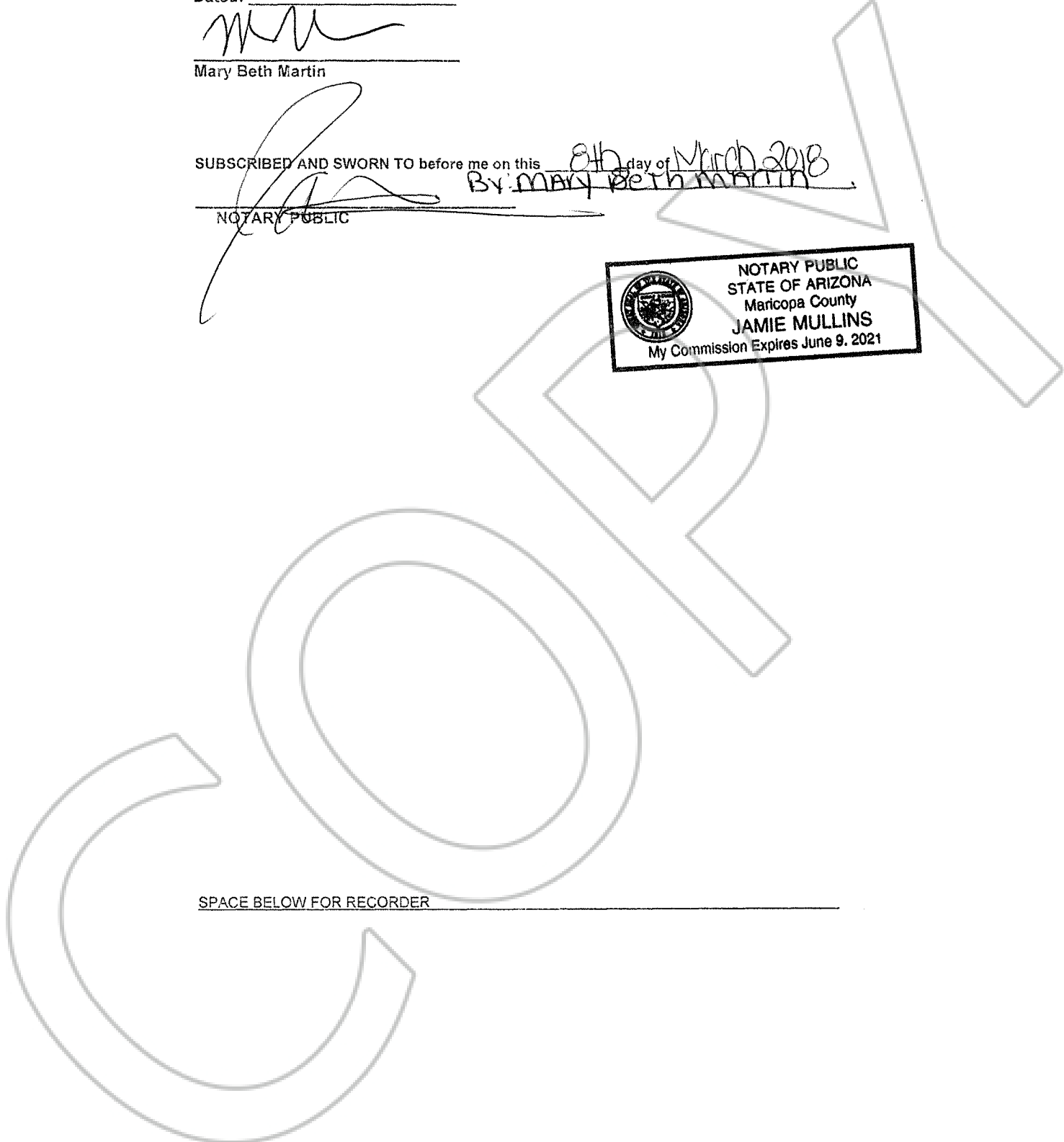
Mary Beth Martin

SUBSCRIBED AND SWORN TO before me on this 8th day of March 2018
By MARY BETH MARTIN

[Signature]
NOTARY PUBLIC



SPACE BELOW FOR RECORDER _____



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**DIVISION OF HEALTH
VITAL STATISTICS**

CERTIFICATE OF DEATH

2012012425

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) Roger E PORCELLA		2. DATE OF DEATH (Mo/Day/Year) August 06, 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) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS: DAYS: 		7c. UNDER 1 DAY HOURS: MINS: 	
8. DATE OF BIRTH (Mo/Day/Yr) March 08, 1929		9a. STATE OF BIRTH (If not U.S.A., name country) New York		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Audrey DE LUCA	
13. SOCIAL SECURITY NUMBER ██████████ 5936		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Catholic Deacon		14b. KIND OF BUSINESS OR INDUSTRY St. Ann's Catholic Church	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 986 Ridgeview Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Saverio PORCELLA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Carmela CAMPANA		
18a. INFORMANT- NAME (Type or Print) Audrey M PORCELLA		18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) 986 Ridgeview Drive Carson City, Nevada 89705			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr 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) JUDD E ANDERS <i>SIGNATURE AUTHENTICATED</i>			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) August 08, 2012		21c. HOUR OF DEATH 14:10		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	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Judd E Anders UNSOM Brigham/316 Reno, NV 89557			
23b. LICENSE NUMBER 13557				24a. REGISTRAR (Signature) MICHELE L YOUNG <i>SIGNATURE AUTHENTICATED</i>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 09, 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				Interval between onset and death	
(a) Acute Respiratory Failure				Immediate	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Myocardial Infarction				Hours	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Unknown Etiology				Unknown	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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	

STATE REGISTRAR

367892

446799

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: **08/09/2012**

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a

