

APN: 1220-01-002-018

WHEN RECORDED MAIL TO:

Frank A. Amato
1963 Sheep Camp Road
Gardnerville, Nevada 89410

SEND TAX STATEMENTS TO:

Frank A. Amato
1963 Sheep Camp Road
Gardnerville, Nevada 89410

Pursuant to NRS 239B.030(4), I affirm that this instrument DOES contain a social security number.



00076135201809166440040047

KAREN ELLISON, RECORDER

AFFIDAVIT OF SURVIVING JOINT TENANT

Frank A. Amato, being first duly sworn on oath, deposes and states under the pains and penalties of perjury as follows:

1. That your affiant was a joint tenant with Janet S. Amato, Deceased. Your affiant is the surviving joint tenant.
2. Your affiant and Janet S. Amato were grantees in joint tenancy with right of survivorship pursuant to that certain Grant, Bargain and Sale Deed dated 21 March 2005, and recorded 25 April 2005, in the official records of Douglas County, Nevada, as Document No. 0642675, Book 0405, Page 10159.

The grantees in the Joint Tenancy Deed are one and the same as your affiant and Janet S. Amato.

3. The joint tenancy property, with right of survivorship, is located on Sheep Camp Road, in Gardnerville, Nevada. The property may be more specifically identified as:

A parcel of land situate in and being in the Southeast 1/4 of the Southeast 1/4 of Section 1, Township 12 North, Range 20 East, M.D.M. & M., and being more particularly described as follows:


Parcel 2-C, as set forth on the Julian Smith Parcel Map, being a re-division of Parcel 2 of the Mauk Parcels, filed in the Office of the County Recorder of Douglas County, Nevada on February 10, 1983, in Book 283, Page 1093, Document No. 76120, Official Records of Douglas County, Nevada.

Together with a 50 foot private access easement appurtenant to said Parcel 2-C hereinabove mentioned as set forth on said map.

4. Janet S. Amato, affiant's joint tenant, died on 24 May 2018, in Gardnerville, Nevada, and is the identical person named as the Deceased in that certain certified copy of the Certificate of Death attached hereto as Exhibit "A". The certified copy of the Certificate of Death is incorporated herein by this reference as if set forth in full.

5. That all of the property identified herein is now vested in your affiant, Frank A. Amato, as of the date of the Decedent's death.

DATED this 12 day of July, 2018.


Frank A. Amato

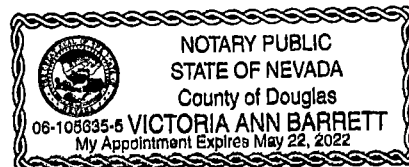
ACKNOWLEDGEMENT

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

On the 12 day of July, 2018, before me, the undersigned, a Notarial Officer in and for said County and State, personally appeared Frank A. Amato, known to me to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same.

This instrument was acknowledged before
me on this 12 day of July, 2018.


NOTARIAL OFFICER



COPY

Exhibit A

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4020938

CERTIFICATE OF DEATH

2018010070
STATE FILE NUMBER

| | | | | | | |
|--|---|---|---|---|---|--|
| TYPE OR PRINT IN PERMANENT BLACK INK | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Janet AMATO | | 2. DATE OF DEATH (Mo/Day/Year) May 24, 2018 | | 3a. COUNTY OF DEATH Douglas | |
| | 3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville | | 3c. HOSPITAL OR OTHER INSTITUTION -Name/(If not either, give street and apt. No.) 1963 Sheep Camp Road | | 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home | |
| DECEDENT | 4. SEX Female | | 5 RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| | 7a. AGE-Last birthday (Years) 73 | | 7b. UNDER 1 YEAR MOS | | 7c. UNDER 1 DAY DAYS | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 8. DATE OF BIRTH (Mo/Day/Yr) July 26, 1944 | | 9a. STATE OF BIRTH (If not US/CA, name country) Ohio | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| | 10. EDUCATION 12 | | 11. MARITAL STATUS (Specify) Married | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Frank A AMATO | |
| PARENTS | 13. SOCIAL SECURITY NUMBER [REDACTED]-6738 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Homemaker | | 14b. KIND OF BUSINESS OR INDUSTRY Own Home | |
| | 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| DISPOSITION | 15d. STREET AND NUMBER 1963 Sheep Camp Road | | 15e. INSIDE CITY LIMITS (Specify Yes or No) No | | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Ken LAPLANT | |
| | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Chole WHITMAR | | 18a. INFORMANT- NAME (Type or Print) Frank A AMATO | | 18b. MAILING ADDRESS (Street or R F D. No, City or Town, State, Zip) 1963 Sheep Camp Road Gardnerville, Nevada 89410 | |
| TRADE CALL | 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) CARLEN BLANSETT SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD861 | | 20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703 | |
| CERTIFIER | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DENVER J MILLER MD SIGNATURE AUTHENTICATED | | 21b. DATE SIGNED (Mo/Day/Yr) May 24, 2018 | | 21c. HOUR OF DEATH 03:45 | |
| | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 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) | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| REGISTRAR | 22c. HOUR OF DEATH | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | | 22e. PRONOUNCED DEAD AT (Hour) | |
| | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Denver J Miller MD 5538 Longley Lane Reno, NV 89511 | | 23b. LICENSE NUMBER 7330 | | 24a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED | |
| CAUSE OF DEATH | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 24, 2018 | | 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) Lung Cancer | |
| | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) DUE TO, OR AS A CONSEQUENCE OF: (b) | | Interval between onset and death Months | | 26. AUTOPSY (Specify Yes or No) No | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) DUE TO, OR AS A CONSEQUENCE OF: (c) | | Interval between onset and death | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No | |
| | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) DUE TO, OR AS A CONSEQUENCE OF: (d) | | Interval between onset and death | | 28a. ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify) | |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. | | 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 | | 28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE | | 28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE | | |

STATE REGISTRAR

VRS-Rev-20120523a



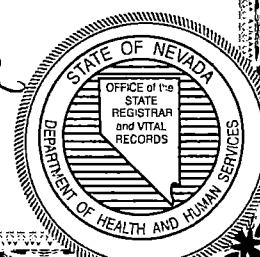
CERTIFIED COPY OF VITAL RECORDS

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: **JUN 08 2018**

Julie Katchear
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE