

APN# : 1420-07-717-024

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Laura L Nunez

884 Amador Circle

Carson City NV

89705

**Mail Tax Statements to: (deeds only)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(space above for Recorder's use only)

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. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature



Amy Gutierrez

Escrow Officer

**Affidavit Death of Joint Tenant**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

## AFFIDAVIT - DEATH OF JOINT TENANT

Laura L Nunez, of legal age, being first duly sworn, deposes and says:

That Marco Nunez-Limon, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Marco Nunez-Limon named as one of the parties in that certain Grant Bargain Sale Deed dated 7/26/2018 executed by Marco A Nunez-Limon to Marco a Nunez-Limon an unmarried man and Laura L Nunez a married woman as her sole and separate property as joint tenants with right of survivorship as joint tenants, recorded as instrument No. 2018-917989, on 8/13/2018, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 2 in Block C of HIGHLAND ESTATES UNIT NO. 3, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on May 2, 1978, in Book 78, Page 130, as Document No. 20213.

Dated

5/9/19

*Laura L Nunez*  
Laura L Nunez Surviving Joint Tenant

STATE OF NEVADA

}SS

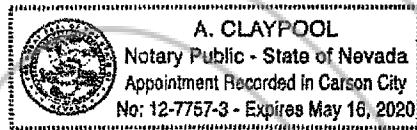
COUNTY OF Carson City

This instrument was acknowledged before me on

5/9/19

by Laura L Nunez

*A Claypool*  
Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4035171

**CERTIFICATE OF DEATH**

2018015726  
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) <b>Marco Antonio NUNEZ-LIMON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 14, 2018</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or <b>Continuicare Hospital of Carson Tahoe, Inc.</b>		3d. If Hosp. or Inst. Indicate DOA OP/Emer. Rm. <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>Yes - Mexican</b>	
7a. AGE-Last Birthday (Years) <b>60</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
7d. UNDER 1 DAY <b>MINIS</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>August 14, 1958</b>			
9a. STATE OF BIRTH (If not US/CA, name country) <b>Mexico</b>		9b. CITIZEN OF WHAT COUNTRY <b>Mexico</b>		10. EDUCATION <b>8</b>	
11. MARITAL STATUS (Specify) <b>Never Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER <b>8402</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Janitor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Hospital</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>3482 Indian Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Antonio NUNEZ</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Maria Lidia LIMON</b>		
18a. INFORMANT - NAME (Type or Print) <b>Laura NUNEZ</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>884 Amador Circle Carson City, Nevada 89705</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Genoa Cemetery</b>		19c. LOCATION City or Town State <b>Genoa Nevada</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES P SMOLENSKI</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706</b>	
21. 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) <b>JOSE AGUIRRE MD</b>			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) <b>August 16, 2018</b>		21c. HOUR OF DEATH <b>21:47</b>		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) <b>Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>11479</b>	
24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 16, 2018</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Cardiopulmonary Arrest</b>				Interval between onset and death	
(b) <b>Acute On Chronic Hypoxemic Respiratory Failure</b>				Interval between onset and death	
(c) <b>Bilateral Pneumonia</b>				Interval between onset and death	
(d) <b>Hyponatremia</b>				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. <b>Hypothyroidism; Unknown Etiology</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
28a. ACC. SUICIDE, HON. 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

000732840



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:

**AUG 21 2018**

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

*Julie Katchear*  
STATE REGISTRAR

