

APN# 1420-34-710-017



Recording Requested by/Mail to:

KAREN ELLISON, RECORDER

Name: MANUEL J. AGUILAR

Address: 1591 DOWNS DR -

City/State/Zip: MINDEN, NV 89423

Mail Tax Statements to:

Name: SAME

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

AFFIDAVIT TERMINATING JOINT TENANCY

Title of Document (required)

----- (Only use if applicable) -----

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

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

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

JAMES A. AGUILAR

Signature

James A. Aguilar

Printed Name

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

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

**AFFIDAVIT TERMINATING JOINT TENANCY**

State of Nevada )  
 ) ss.  
County of DOUGLAS )

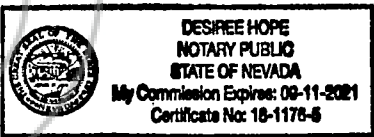
MANUEL J AGUILAR being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

That affiant is MANUEL J. AGUILAR the person named as JOINT TENANT, one of the grantees in that certain deed recorded on MAY 23 1977, as Document No. 009588 in Book 577, Page 1546, in the office of the County Recorder of DOUGLAS County, Nevada.

That DOROTHY J. AGUILAR was one of the grantees named in said deed and was the identical person named as DOROTHY J. AGUILAR, the decedent, in that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof.

Manuel J. Aguilar  
(SIGNATURE)

Subscribed and sworn to before me this 11th day of July, 2019



Desiree Hope  
Notary Public in and for said County and State

LOT 17, AS SHOWN ON THE MAP OF SIERRA VIEW SUBDIVISION, FILED IN THE OFFICE OF THE RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON APRIL 18, 1960, AS FILE NO. 15897.

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

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

CASE FILE NO. 4061066

**CERTIFICATE OF DEATH**

2019000900  
STATE FILE NUMBER

|  |   |   |  |   |  |  |
|--|---|---|--|---|--|--|
| TYPE OR PRINT IN PERMANENT BLACK INK   | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)<br><b>Dorothy Jean AGUILAR</b>   |   | 2. DATE OF DEATH (Mo/Day/Year)<br><b>January 12, 2019</b>  |   | 3a. COUNTY OF DEATH<br><b>Douglas</b>  |  |
|  | 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Minden</b>   |   | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address)<br><b>1591 Downs Dr</b>  |   | 3e. If Hosp or Inst indicate DOA OP/Emer Rm Inpatient(Specify)<br><b>Home</b>  |  |
| DECEDENT   | 4 SEX<br><b>Female</b>  |   | 5 RACE (Specify)<br><b>White</b>   |   | 6 Hispanic Origin? Specify No - Non-Hispanic   |  |
|  | 7a. AGE-Last birthday (Years)<br><b>74</b>  |   | 7b. UNDER 1 YEAR<br>MOS   DAYS   HOURS   MINS  |   | 7c. UNDER 1 DAY<br>HOURS   MINS  |  |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  | 8 DATE OF BIRTH (Mo/Day/Yr)<br><b>December 27, 1944</b>   |   | 9a. STATE OF BIRTH (If not US/CA, name country)<br><b>Hawaii</b>   |   | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>  |  |
|  | 10 EDUCATION<br><b>12</b>   |   | 11. MARITAL STATUS (Specify)<br><b>Married</b>   |   | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)<br><b>Manuel James AGUILAR</b>                           |  |
| PARENTS  | 13 SOCIAL SECURITY NUMBER<br><b>██████████ 7083</b>   |   | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)<br><b>Manicurist</b>   |   | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>Healthcare</b>   |  |
|  | 15a. RESIDENCE - STATE<br><b>Nevada</b>   |   | 15b. COUNTY<br><b>Douglas</b>  |   | 15c. CITY, TOWN OR LOCATION<br><b>Minden</b>   |  |
| DISPOSITION  | 15d. STREET AND NUMBER<br><b>1591 Downs Dr</b>  |   | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>  |   | 16 FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Domingo Pasquale DAQUIOAG</b>                                   |  |
|  | 17 MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Margaret Molina BUNA</b>   |   | 18a. INFORMANT- NAME (Type or Print)<br><b>James Alan AGUILAR</b>  |   | 18b. MAILING ADDRESS (Street or R F D No, City or Town, State Zip)<br><b>1591 Downs Dr Minden, Nevada 89423</b>          |  |
| TRADE CALL   | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>  |   | 19b. CEMETERY OR CREMATORY - NAME<br><b>Truckee Meadows Crematory</b>  |   | 19c. LOCATION City or Town State<br><b>Sparks Nevada 89431</b>   |  |
|  | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>ANDREW W JOYCE</b><br><b>SIGNATURE AUTHENTICATED</b>   |   | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>FD936</b>   |   | 20c. NAME AND ADDRESS OF FACILITY<br><b>Nevada Funeral Services</b><br><b>3094 Research Way #63 Carson City NV 89706</b> |  |
| 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)<br><b>REED DOPF MD</b><br><b>SIGNATURE AUTHENTICATED</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)<br><b>January 16, 2019</b>   |   | 21c. HOUR OF DEATH<br><b>16:43</b>   |   | 22b. DATE SIGNED (Mo/Day/Yr)   |  |
| REGISTRAR  | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  |   | 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)<br><b>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b> |   | 23b. LICENSE NUMBER<br><b>13920</b>  |  |
| CAUSE OF DEATH   | 24a. REGISTRAR (Signature)<br><b>ANGELICA RAMIREZ</b><br><b>SIGNATURE AUTHENTICATED</b>   |   | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>January 22, 2019</b>   |   | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>            |  |
|  | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))<br>PART I<br>(a) <b>Terminal Complications Of Malignant, Metastatic Pancreatic Adenocarcinoma</b><br>DUE TO, OR AS A CONSEQUENCE OF |   | Interval between onset and death   |   |  |  |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST   | (b) DUE TO, OR AS A CONSEQUENCE OF  |   | Interval between onset and death   |   |  |  |
|  | (c) DUE TO, OR AS A CONSEQUENCE OF  |   | Interval between onset and death   |   |  |  |
| (d) DUE TO, OR AS A CONSEQUENCE OF   |   | Interval between onset and death                            |  |   |  |  |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. |   |   |  |   | 26. AUTOPSY (Specify Yes or No)<br><b>No</b>   |  |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>No</b>  |   | 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



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: **FEB 14 2019**

*Julie Katchear*  
STATE REGISTRAR

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

VRS-Rev-20120523a

