

DOUGLAS COUNTY, NV

2019-932668

Rec:\$35.00

\$35.00

Pgs=4

07/29/2019 09:47 AM

TICOR TITLE - CC (NVTH3K)

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Lawrence J. Tapp
3469 Carnelian Way
Carson City, NV 89706

MAIL TAX STATEMENTS TO:
SAME AS ABOVE

The undersigned hereby affirms that this document submitted for recording includes a death certificate which may contain a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 1902657-DC1
APN No.: 1420-07-310-020

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA
COUNTY OF DOUGLAS

} ss:

Lawrence J. Tapp, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Joseph O'Neil Tapp the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Joseph O. Tapp named as one of the Grantees in that certain Deed from Lawrence J. Tapp, a Single Man and Joseph O. Tapp, an Unmarried Man to Lawrence J. Tapp, a single man and Joseph O. Tapp, an Unmarried man and Nora J. Monfredini, a married woman as her sole and separate property recorded in Book n/a as Instrument No. 0765471, on June 18, 2010 of Official Records of Douglas County, Nevada, covering the following described property.

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF

Dated:

7.22.2019

Lawrence J. Tapp
Lawrence J. Tapp

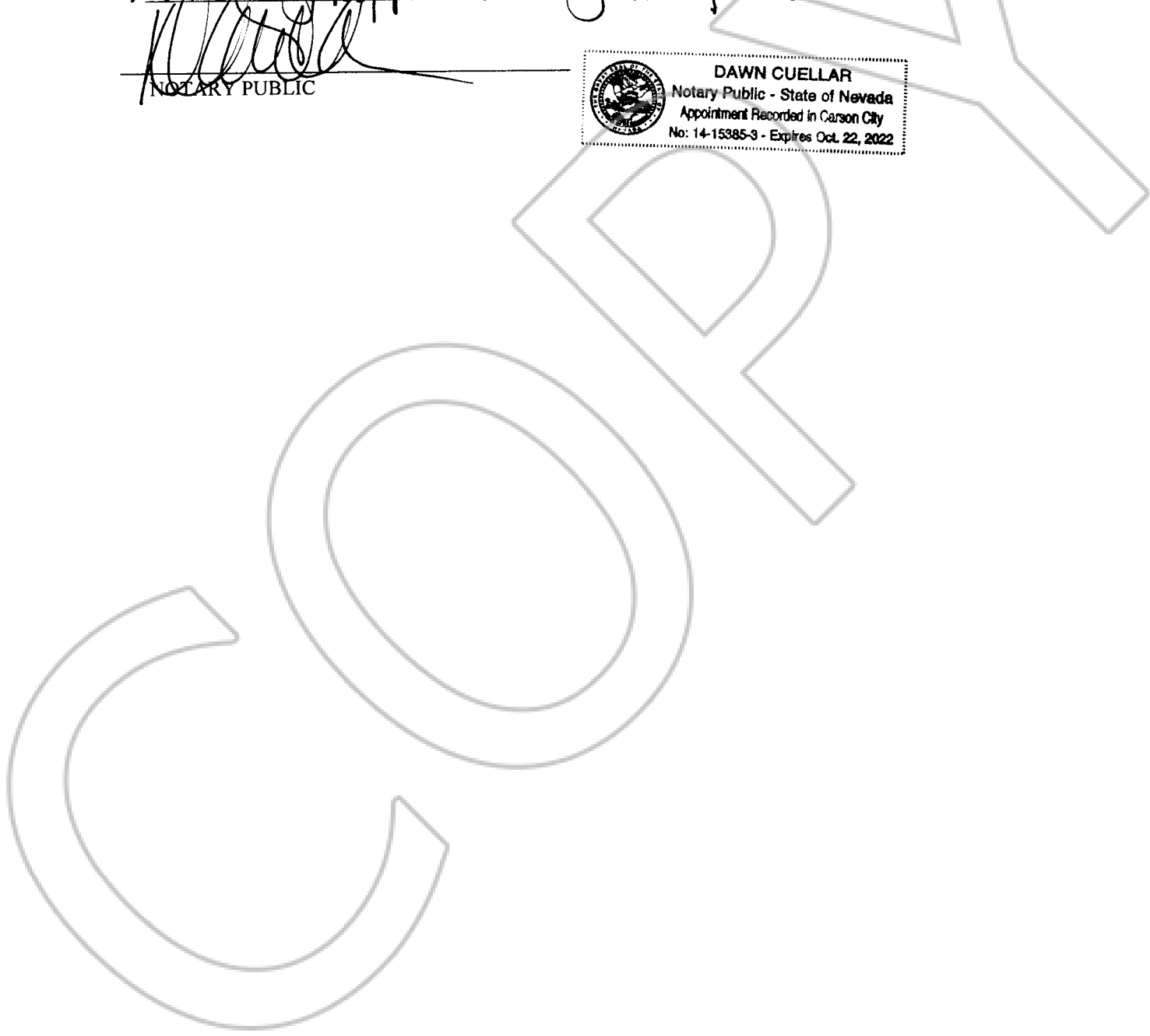
Nora J. Monfredini
Nora J. Monfredini

STATE OF NEVADA }
COUNTY OF DOUGLAS } SS: DC Carson
city

This instrument was acknowledged before me on 7/24/19
by Lawrence J Tapp & Nora J Monfredini

[Signature]
NOTARY PUBLIC

DAWN CUELLAR
Notary Public - State of Nevada
Appointment Recorded in Carson City
No: 14-15385-3 - Expires Oct. 22, 2022



Escrow No.01902657 DC1

**EXHIBIT A
LEGAL DESCRIPTION**

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

Lot 3, in Block 1, as shown on the map of VISTA GRANDE SUBDIVISION UNIT NO. 1, filed for record in the office of the County Recorder of Douglas County, Nevada, on November 9, 1964, as Document No. 26518.

APN: 1420-07-310-020



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3740351

CERTIFICATE OF DEATH

2013017762
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) Joseph O'Neill			2. DATE OF DEATH (Mo/Day/Year) October 29, 2013			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 address and telephone number) Carson Tahoe Regional Medical Center			3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient(Specify) Inpatient			4. SEX Male						
5. RACE (Specify) White			6. Hispanic Origin? Specify No - Non-Hispanic			7a. AGE-Last birthday (Years) 94		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 DAY MIN		8. DATE OF BIRTH (Mo/Day/Yr) February 12, 1919	
9a. STATE OF BIRTH (If not US/CA, name country) Colorado			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARITAL STATUS (Specify) Widowed			12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER 3030			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Decedent's Lifetime) Aeronautical Engineer						14b. KIND OF BUSINESS OR INDUSTRY Aerospace			Ever in US Armed Forces? Yes			
15a. RESIDENCE - STATE Nevada			15b. COUNTY Carson City			15c. CITY, TOWN OR LOCATION Carson City			15d. STREET AND NUMBER 2100 E Long St #152			15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) John TAPP						17. MOTHER/PARENT - NAME (First Middle Last Suffix) Katherine O'NEILL									
18a. INFORMANT- NAME (Type or Print) Nora MONFREDINI						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 815 Marina Blvd San Francisco, California 94123									
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Entombment				19b. CEMETERY OR CREMATORY - NAME Walton's Carson Gardens				19c. LOCATION City or Town State Carson City Nevada 89701							
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Loop Carson City NV 89706									
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) PHIL M ALDRICH MD 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) October 31, 2013			21c. HOUR OF DEATH 13:50			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH						
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						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) Phil M Aldrich MD 2874 N Carson Street #200 Carson City, NV 89703									23b. LICENSE NUMBER 3334						
24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 01, 2013			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) Congestive Heart Failure Interval between onset and death Years															
DUE TO, OR AS A CONSEQUENCE OF:															
(b) Coronary Artery Disease Interval between onset and death Years															
DUE TO, OR AS A CONSEQUENCE OF:															
(c) Interval between onset and death															
DUE TO, OR AS A CONSEQUENCE OF:															
(d) 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. Dehydration, Lung Mass															
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									



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.

5/16/2019

DATE ISSUED:

Janey Stewart
Interim Administrator

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

