

WHEN RECORDED MAIL TO:

Carol L. Ferreira
1250 Monarch Lane
Gardnerville, NV 89460

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).



KAREN ELLISON, RECORDER

SPACE ABOVE FOR RECORDER'S USE ONLY

APN No.: 1220-16-210-167

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA }
COUNTY OF } SS:

Carol L. Ferreira, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Ernest E. Ferreira the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Ernest E. Ferreira named as one of the Grantees in that certain Deed from Ernest E. Ferreira, a married man to Ernest E. Ferreira and Carol L. Ferreira, husband and wife as joint tenants with the right of survivorship recorded in Book 588, Page 1090 as Instrument No. 177695, on May 9, 1988 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: 8/13/19

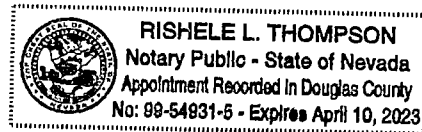
Carol L. Ferreira

Carol L. Ferreira

STATE OF NEVADA }
COUNTY OF Douglas } SS:

This instrument was acknowledged before me on 8/13/19
by *Carol L. Ferreira* _____

NOTARY PUBLIC

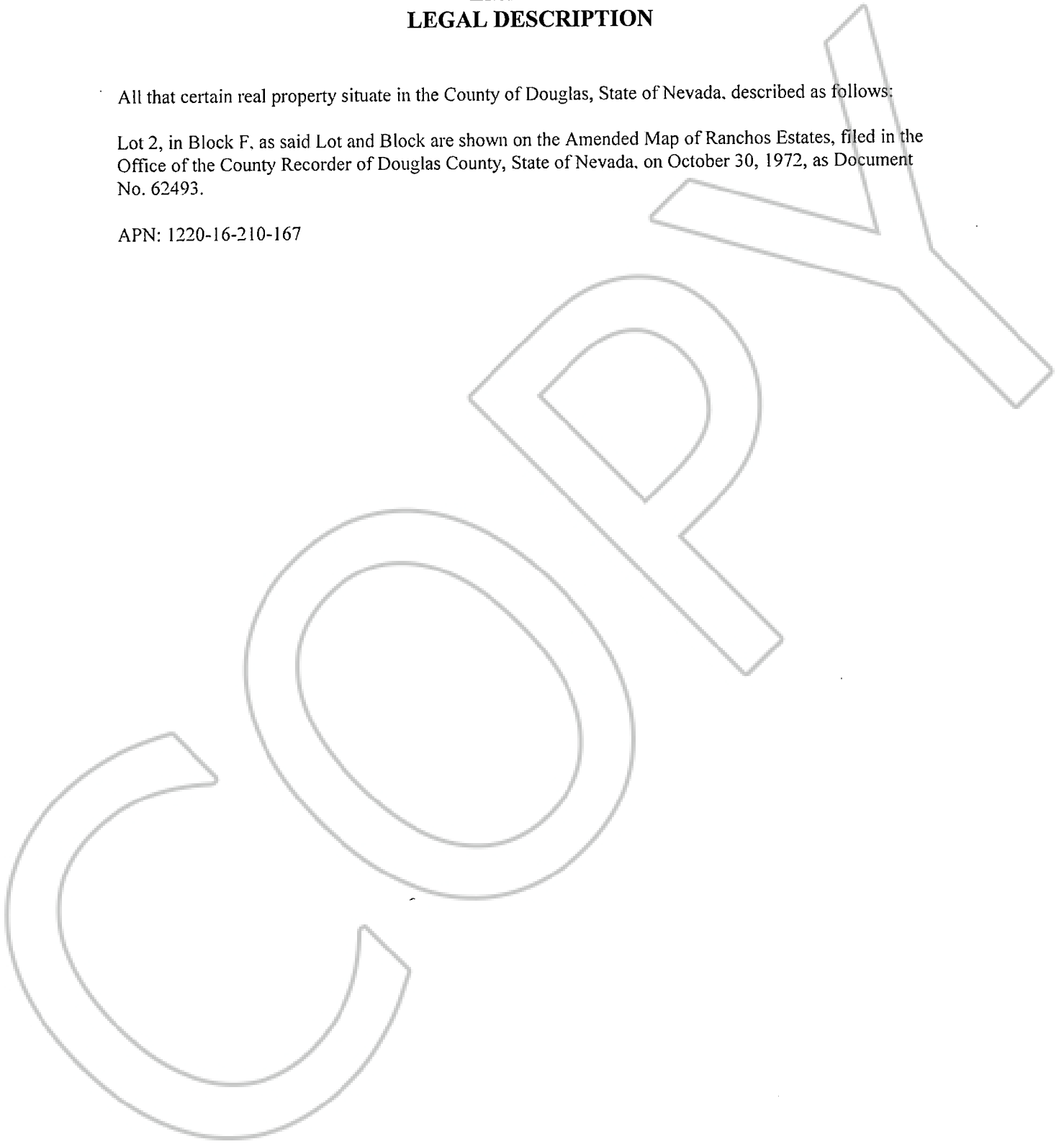


**EXHIBIT A
LEGAL DESCRIPTION**

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

Lot 2, in Block F, as said Lot and Block are shown on the Amended Map of Ranchos Estates, filed in the Office of the County Recorder of Douglas County, State of Nevada, on October 30, 1972, as Document No. 62493.

APN: 1220-16-210-167



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4094745

CERTIFICATE OF DEATH

2019015088
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) Ernest Edmund FERREIRA		2. DATE OF DEATH (Mo/Day/Year) July 27, 2019		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 or number) Carson Tahoe Regional Medical Center		3e If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White,Alaska Indian		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS	
7d. UNDER 1 YEAR HOURS		7e. UNDER 1 DAY MIN		8. DATE OF BIRTH (Mo/Day/Yr) May 13, 1940	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 11	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Carol SHAFFER			
13. SOCIAL SECURITY NUMBER 6643		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Slot Mechanic Supervisor		14b. KIND OF BUSINESS OR INDUSTRY GAMING	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1250 Monarch Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Manuel FERREIRA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Minnie ELLINGSON		
18a. INFORMANT- NAME (Type or Print) Carol FERREIRA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1250 Monarch Lane Gardnerville, Nevada 89460			
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) CRAIG R COLEMAN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
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) JOSE AGUIRRE MD			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 01, 2019		21c. HOUR OF DEATH 15:42		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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 11479		24a. REGISTRAR (Signature) ANGELICA RAMIREZ			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 01, 2019		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) Cardiopulmonary Arrest				Interval between onset and death	
(b) Acute Hypoxemic				Interval between onset and death	
(c) Acute Respiratory Failure				Interval between onset and death	
(d) Chronic Heart Failure				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. Acute Renal Failure; Obstructive Sleep Apnea; chronic Obstructive Pulmonary Disease; Cirrhosis; Obesity; Type Two Diabetes; Hypertension; Anemia; Coronary Artery Disease; Dyslipidemia; Unknown Etiology				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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	

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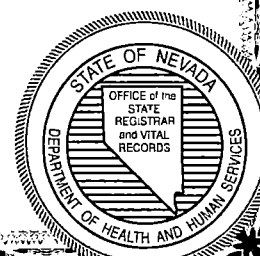
CERTIFIED COPY OF VITAL RECORDS

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: 8/2/2019

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

Jose Aguirre
ADMINISTRATOR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE