



KAREN ELLISON, RECORDER

APN# \_\_\_\_\_

**Recording Requested by/Mail to:**

Name: \_\_\_\_\_

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

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

**Mail Tax Statements to:**

Name: \_\_\_\_\_

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

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

*AFFIDAVIT OF DEATH OF SERGEANT*

**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)

*William B Perunovich*

Signature

*WILLIAM B PERUNOVICH*

Printed Name

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

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

A.P.N.: 1320-29-111-049  
Return document to: William B. Perunovich  
1667 Yale St., Chula Vista, CA 91913

Mail tax statements to: William B. Perunovich  
1667 Yale St., Chula Vista, CA 91913

STATE OF NEVADA  
COUNTY OF DOUGLAS

**AFFIDAVIT OF DEATH OF JOINT TENANT**  
Under NRS 111.365

THE AFFIANT, William B. Perunovich, being first duly sworn, deposes and states that:

1. The affiant is of legal age for the State of Nevada.
2. That Frances Lue Cassinelli, the decedent mentioned in the attached certified Certificate of Death, who died June 4, 2019 in San Diego County, California, is the same person a Frances Lue Cassinelli.
3. That William B. Perunovich and the decedent were both grantees in that certain QuitClaim deed dated December 20, 2011, recorded January 27, 2012, as document or file number 0796598, book 0112, at page 5500, records of Douglas County Nevada, and executed by the grantor, Frances Lue Cassinelli to Frances Lue Cassinelli William Bailey Perunovich, and Bonnie Perunovich, as joint tenants, covering the real property commonly known as 1825 White Pine Way, City of Minden, County of Douglas, State of Nevada, more particularly described as:

Parcel 1:

Unit 353, as shown on the Final Map No. 1008-7A for WINHAVEN, Unit No 7, PHASE A, A PLANNED UNIT DEVELOPMENT, filed for record in the office of the County Recorder of Douglas County, Nevada on November 17, 1995, in Book 1195 of Official Records at Page 2675, as Document No. 375950.

Assessors Parcel No. 25-790-51

Parcel 2:

A non-exclusive easement for use, enjoyment, ingress and egress over the common area as set forth in Declaration of Covenants Conditions and Restrictions recorded September 28, 1990, in Book 990, Page 4348, as Document No. 235644, Official Records.

4. That the relationship between the affiant and the decedent was that of: mother - son.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS, AS REQUIRED BY NRS 40.525 AND NRS 440.380(1)(a).

I declare under penalty of perjury, under the law of the State of Nevada that the foregoing is true and correct.

IN WITNESS WHEREOF, I set my hand this // day of September 2019.

William Perunovich

Affiant

WILLIAM PERUNOVICH

Print Name

Subscribed and sworn to on this 11<sup>th</sup> day of September, in the year 2019, before me, \_\_\_\_\_

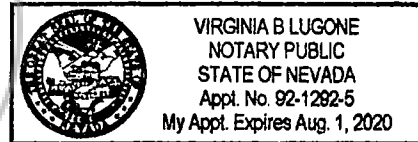
Virginia B. Lugone, by William Perunovich.

Virginia B. Lugone

Notary Public

Virginia B. Lugone

Print Name



My commission expires: Aug. 1, 2020

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF SAN DIEGO

3052019115917

**CERTIFICATE OF DEATH**

3201937009918

STATE FILE NUMBER		STATE OF CALIFORNIA USC BLACK INK ONLY / NO ERASURES, WRITED OUTS OR ALTERATIONS (S-1406/1308)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>FRANCES</b>		2. MIDDLE <b>LUE</b>		3. LAST (Family) <b>CASSINELLI</b>	
4. AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>03/03/1926</b>		5. AGE Yrs <b>93</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>		10. SOCIAL SECURITY NUMBER <b>3669</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. MARITAL STATUS-SFC# at Time of Death <b>WIDOWED</b>		7. DATE OF DEATH mm/dd/yyyy <b>06/04/2019</b>		8. HOUR (24 Hours) <b>1615</b>	
13. EDUCATION - Highest Level/Degree (See worksheet on back)		14. WAS DECEDENT HISPANIC/LATINCA/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>HOMEMAKER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>OWN HOME</b>		19. YEARS IN OCCUPATION <b>30</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>1667 YALE STREET</b>		21. CITY <b>CHULA VISTA</b>		22. COUNTY/PROVINCE <b>SAN DIEGO</b>	
23. ZIP CODE <b>91913</b>		24. YEARS IN COUNTY <b>90</b>		25. STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>	
26. INFORMANT'S NAME, RELATIONSHIP <b>WILLIAM PERUNOVICH, SON</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>1667 YALE STREET, CHULA VISTA, CA 91913</b>			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>CALEB</b>		29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>-</b>	
31. NAME OF FATHER/PARENT - FIRST <b>SYLVIA</b>		32. MIDDLE <b>-</b>		33. LAST <b>BLED SOE</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>SYLVIA</b>		36. MIDDLE <b>-</b>		37. LAST (BIRTH NAME) <b>CUNNINGHAM</b>	
38. DISPOSITION DATE mm/dd/yyyy <b>06/07/2019</b>		40. PLACE OF FINAL DISPOSITION <b>FORT ROSECRANS NATIONAL CEMETERY 1700 CABRILLO MEMORIAL DRIVE, SAN DIEGO, CA 92106</b>			
41. TYPE OF DISPOSITION(S) <b>BURIAL</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER <b>-</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>GLEN ABBEY MEMORIAL PARK AND MORTUARY</b>		45. LICENSE NUMBER <b>FD1371</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>WILMA J WOOTEN, MD MPH</b>	
47. DATE mm/dd/yyyy <b>06/06/2019</b>		101. PLACE OF DEATH <b>SUNRISE ASSISTED LIVING - BONITA</b>			
104. COUNTY <b>SAN DIEGO</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>3302 BONITA ROAD</b>		106. CITY <b>BONITA</b>	
107. CAUSE OF DEATH Under the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition on resulting in death) (A) <b>END STAGE RENAL DISEASE</b> (B) <b>DIABETES MELLITUS TYPE II</b> (C) <b>CONGESTIVE HEART FAILURE</b> Underlying Cause (disease or injury that initiated the events resulting in death) LAST		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
108. DEATH REPORTED TO CORONER? DIFFERENTIAL NUMBER (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		109. BIOPSY PERFORMED? (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		110. AUTOPSY PERFORMED? (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
111. USED IN DETERMINING CAUSE? (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation on and date) <b>NO</b>		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> I.N.K.			
115. SIGNATURE AND TITLE OF CERTIFIER <b>JIMI OLA BENSON M.D.</b>		116. LICENSE NUMBER <b>A116611</b>		117. DATE mm/dd/yyyy <b>06/06/2019</b>	
119. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/yyyy <b>04/17/2019</b>		120. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>JIMI OLA BENSON M.D. 5333 MISSION CENTER ROAD, SUITE 210, SAN DIEGO, CA 92108</b>		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH#	
CENSUS TRACT		0100010C4227425*			

County of San Diego - Health & Human Services Agency - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

*Wilma J. Wooten, M.D.*

DATE ISSUED: 6/7/2019 WILMA J. WOOTEN, M.D., M.P.H.  
REGISTRAR OF VITAL RECORDS  
County of San Diego



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CASANDIEOJ

