

DOUGLAS COUNTY, NV **2020-946693**
Rec:\$40.00
\$40.00 Pgs=3 **05/27/2020 03:53 PM**
TICOR TITLE - CC (NVTH3K)
KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Jose De Jesus Rodriguez Rojas
1492 Harvest Avenue
Gardnerville, NV 89410

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. 2001823-DKD
APN No.: 1320-33-716-032

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA
COUNTY OF CARSON CITY

} SS:

Jose De Jesus Rodriguez Rojas, who acquired title as Jesus Rodriguez, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Cristal Mendoza Romero the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Cristal Mendoza Romero named as one of the Grantees in that certain Deed from Dale E. Vertatschitsch and Michelle D. Vertatschitsch to Cristal Mendoza Romero and Jesus Rodriguez, wife and husband as joint tenants recorded as Instrument No. 2016-881256, on May 25, 2016 of Official Records of county name County, Nevada, covering the following described property.

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

Dated: May 21, 2020



Jose De Jesus Rodriguez Rojas, Surviving Joint Tenant

STATE OF NEVADA
COUNTY OF CARSON CITY

} SS:

This instrument was acknowledged before me on 5-21-2020,

by Jose De Jesus Rodriguez Rojas


NOTARY PUBLIC

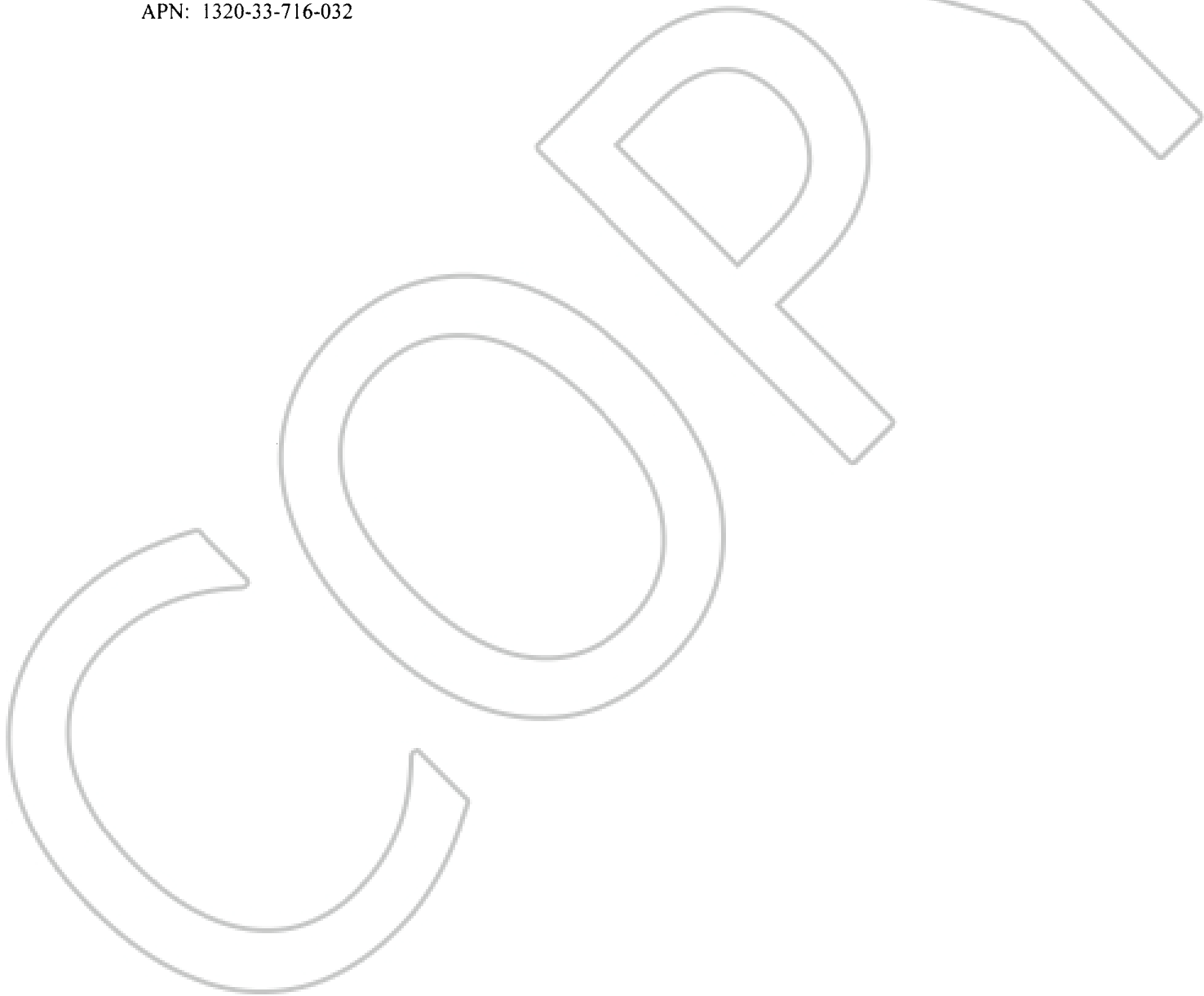
Escrow No.02001823 DKD

**EXHIBIT A
LEGAL DESCRIPTION**

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

Lot 32, in Block B, as set forth on Final Subdivision Map No. 1006-8 or Chichester Estates, Phase 8, filed in the office of the County Recorder of Douglas County, Nevada and recorded June 12, 2001 in Book 0601, Page 2589, as Document No. 516199, and by Certificate of Amendment recorded February 15, 2002, in Book 0202, at Page 5302, as Document No. 534879.

APN: 1320-33-716-032



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4083546

CERTIFICATE OF DEATH

2019010326
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) Cristal MENDOZA ROMERO		2. DATE OF DEATH (Mo/Day/Year) May 18, 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 ar number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify Yes - Mexican	
7a. AGE-Last birthday (Years) 38		7b. UNDER 1 YEAR MOS DAYS 38		7c. UNDER 1 DAY HOURS MINS 38	
8. DATE OF BIRTH (Mo/Day/Yr) June 08, 1980		9a. STATE OF BIRTH (If not US/CA, name country) Mexico		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Jose De Jesus RODRIGUEZ ROJAS	
13. SOCIAL SECURITY NUMBER 8891		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of HOMEMAKER		14b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1492 Harvest Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Rufino Angel MENDOZA CERVANTES			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rosalia ROMERO SIERRA		
18a. INFORMANT- NAME (Type or Print) Jose De Jesus RODRIGUEZ ROJAS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1492 Harvest Ave Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CRAIG R COLEMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop 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) AMANDA M GRIFFITH DO 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) May 23, 2019		21c. HOUR OF DEATH 13:35		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. 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) Amanda M Griffith DO 1600 Medical Pkwy Carson City NV 89703				23b. LICENSE NUMBER DO1685	
24a. REGISTRAR (Signature) BREECE D FLORES SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 24, 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					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Encephalopathy Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Acute Respiratory Failure Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Neurogenic Shock 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. Hyperglycemia; Hyponatremia; 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	



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: **5/31/2019**

Jan J. [Signature]
Interim Administrator
STATE REGISTRAR

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

