

DOUGLAS COUNTY, NV

2020-949998

Rec:\$40.00

\$40.00

Pgs=3

07/30/2020 01:50 PM

TICOR TITLE - CC (NVTH3K)

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Celine A. Smania

862 Autumn Ct
Carson NV 89705

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. 2004600-DKD

APN No.: 1420-18-113-035

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

Celine A Smania, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Rene E Smania the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Rene E Smania named as one of the Grantees in that certain Deed from Federal National Mortgage Association to Rene E Smania and Celine A Smania husband and wife as joint tenants recorded as Instrument No. 783694, on 05/24/2011 of Official Records of Douglas County, Nevada, covering the following described property.

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

Lot 205, of Block C, as shown on the plat of SILVERADO HEIGHTS NO. 2, filed for record in the office of the County Recorder of Douglas County, Nevada on June 20, 1979 as Document No. 33717.

Dated: July 28, 2020

Celine A. Smania
Celine A Smania

STATE OF NEVADA }
COUNTY OF CARSON CITY } ss:

This instrument was acknowledged before me on July 28th, 2020,

by Celina Anita Smania

Cindy McTammany
NOTARY PUBLIC



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT

VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201143009038

USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given) RENE		2. MIDDLE ERNEST		3. LAST (Family) SMANIA	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 11/19/1964		5. AGE Yrs. Mths. Ds. 47	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED] 2874		11. EVER IN U.S. ARMED FORCES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
12. MARITAL STATUS/SPOF (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 11/29/2011		8. HOUR (24 Hours) 0930	
13. EDUCATION - Highest Level/Degree (see worksheet on back) ASSOCIATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MANAGER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CEMETERY		19. YEARS IN OCCUPATION 7	
20. DECEDENT'S RESIDENCE (Street and number, or location) 760 JEFFERY STREET					
21. CITY SOUTH LAKE TAHOE		22. COUNTY/PROVINCE EL DORADO		23. ZIP CODE 96150	
24. YEARS IN COUNTY 18		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP CELINE A. SMANIA, SPOUSE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 760 JEFFERY STREET, SOUTH LAKE TAHOE, CA 96150		
28. NAME OF SURVIVING SPOUSE/SPOF - FIRST CELINE		29. MIDDLE ANITA		30. LAST (BIRTH NAME) THIBEAULT	
31. NAME OF FATHER/PARENT - FIRST ERNEST		32. MIDDLE -		33. LAST SMANIA	
34. BIRTH STATE SWITZRLND		35. NAME OF MOTHER/PARENT - FIRST VERENA		36. MIDDLE -	
37. LAST (BIRTH NAME) STEHLI		38. BIRTH STATE SWITZRLND		39. BIRTH STATE SWITZRLND	
40. PLACE OF FINAL DISPOSITION HAPPY HOMESTEAD CEMETERY 1261 JOHNSON BLVD., SOUTH LAKE TAHOE, CA 96150		41. TYPE OF DISPOSITION(S) CR/BU			
42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -			
44. NAME OF FUNERAL ESTABLISHMENT ADIRECTCREMATION.COM OF NORTHERN CALIFORNIA		45. LICENSE NUMBER FD2036		46. SIGNATURE OF LOCAL REGISTRAR MARTIN D FENSTERSHEIB, MD	
47. DATE mm/dd/yyyy 12/05/2011		48. LICENSE NUMBER			
101. PLACE OF DEATH STANFORD HOSPITAL					
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. COUNTY SANTA CLARA			
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 300 PASTEUR DRIVE		106. CITY STANFORD			
107. CAUSE OF DEATH Enter 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 resulting in death) SEPTIC SHOCK Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST FOLLICULAR LYMPHOMA					
108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
114. 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: Decedent Last Seen Alive: 11/20/2011 11/29/2011		115. SIGNATURE AND TITLE OF CERTIFIER PHILIP SCORZA M.D.		116. LICENSE NUMBER A118064	
117. DATE mm/dd/yyyy 11/30/2011		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE TIMOTHY PAUL ANGELOTTI M.D. 300 PASTEUR DRIVE H3580, STANFORD, CA 94305			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)		122. 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.#	
GENSUS TRACT		1010001901929290			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

COUNTY OF SANTA CLARA

DATE ISSUED **DEC 06 2011**



This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fenstersheib MD
MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

