

APN# 1220 12 310 045

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: PAUL J SUNSERI

Address: 1061 ARROYO DR

City/State/Zip: GARDNERVILLE NV 89410

AFFIDAVIT- TERMINATING JOINT TENANCY

Title of Document (required)

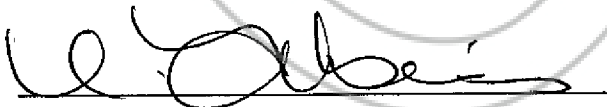
----- (Only use if applicable) -----

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)



Signature

EMILY TOBIAS

Printed Name

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

A.P.N.: 1220-12-310-045
File No: 143-2605959 (et)

When Recorded return to, and mail Tax Statements to:
Paul J. Sunseri

AFFIDAVIT - TERMINATING JOINT TENANCY

Paul J. Sunseri, of legal age, being first duly sworn, deposes and says:

That **Vicky Marie Sunseri**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Vicky M. Sunseri** named as one of the parties in that certain **GRANT BARGAIN AND SALE DEED** dated **APRIL 5, 1993** executed by **PAUL M. SKAGGS AND JAMIE SKAGGS** to **Paul J. Sunseri and Vicky M. Sunseri** as joint tenants, recorded as Document No. **306024** on **APRIL 30, 1993** in Book **0493** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

LOT 48 OF PINENUT SUBDIVISION UNIT 1, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON JUNE 11, 1963, UNDER FILE NO. 22783.

[Handwritten Signature] *11-5-20*

Paul J. Sunseri Date

STATE OF **NEVADA**)
) :ss.
COUNTY OF **DOUGLAS**)

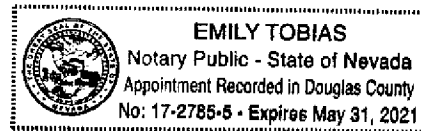
This instrument was acknowledged before me on this:
5 day of November, 2020

By: **Paul J. Sunseri**

By: *[Handwritten Signature]* Its: _____

Notary Public

(My commission expires: 5/31/21)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4129788

CERTIFICATE OF DEATH

2020003033
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Vicky Marie SUNSERI		2. DATE OF DEATH (Mo/Day/Year) February 15, 2020		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street address and number) 1061 Arroyo Dr		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 59	
	9a. STATE OF BIRTH (If not US/CA, name country) California		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) Paul SUNSERI		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
DECEDENT	8. DATE OF BIRTH (Mo/Day/Yr) September 15, 1960		13. SOCIAL SECURITY NUMBER ██████████6634		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) HAIRDRESSER	
	14b. KIND OF BUSINESS OR INDUSTRY BEAUTY SHOP		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
	15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1061 Arroyo Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Peter MASCOLA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ann FERRO		
	18a. INFORMANT- NAME (Type or Print) Paul SUNSERI			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1061 Arroyo Dr Gardnerville, Nevada 89410		
DISPOSITION	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) JAMES P SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD217		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
TRADE CALL	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) REED DOPF MD SIGNATURE AUTHENTICATED					
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) February 18, 2020		21c. HOUR OF DEATH 08:45		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)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Dopf MD 907 Mountain Street Carson City, NV 89703		23b. LICENSE NUMBER 13920		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
REGISTRAR	24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 18, 2020		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				Interval between onset and death	
CAUSE OF DEATH	(a) Respiratory Arrest				Interval between onset and death	
	(b) DUE TO, OR AS A CONSEQUENCE OF: Acute Respiratory Failure				Interval between onset and death	
	(c) DUE TO, OR AS A CONSEQUENCE OF: Malignant, Metastatic Leiomyosarcoma				Interval between onset and death Years	
	(d) DUE TO, OR AS A CONSEQUENCE OF:				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.				26. AUTOPSY (Specify Yes or No) No	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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					

000806057



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:

2/19/2020

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



Joe Plunk
STATE REGISTRAR

