



KAREN ELLISON, RECORDER

1 APN: 1318-10-413-017

2 When recorded, return to:
3 Peter B. Jaquette
4 408 West Third Street
5 Carson City, Nevada 89703

6 Mail tax notices to:

7 Susan Boos
8 Post Office Box 2341
9 Stateline, Nv 89449

10 The undersigned hereby affirms this document
11 does not contain a social security number.

12 AFFIDAVIT OF DEATH OF JOINT TENANT

13 STATE OF NEVADA)
14 : ss.
15 CARSON CITY)

16 The undersigned being first duly sworn under penalty of perjury, deposes and says:

17 1. That I am over the age of eighteen and competent to testify on my own knowledge to
18 the following.

19 2. I am Susan Boos, fka Susan Seminerio, named as Wife in the Grant, Bargain, Sale
20 Deed recorded as document number 743021, on May 13, 2009 in the Official Records of the Douglas
21 County Nevada Recorder's Office, and the joint tenant named on page 7, lines 1 -11, of the Marital
22 Settlement Agreement attached to the Decree of Divorce recorded as document number 2021-964672
23 on April 1, 2021, in the Official Records of the Douglas County Nevada Recorder's Office. Pursuant
24 to our Decree of Divorce, I owned the property as a joint tenant with Matthew Seminerio.

25 3. The property which is the subject of the above-described deed and Decree is
26 located in Douglas County, State of Nevada, at 636 Inspiration Drive, Zephyr Cove, Nevada 89448, and
27 is more particularly described as set forth in attachment 1.

28 4. That Matthew Seminerio the joint tenant identified above, died on the 21st day of
March, 2021, was one of the joint tenants named in said Decree of Divorce, and is the identical person
named as Matthew Seminerio the decedent, in that certain Certificate of Death, a certified copy of which
is annexed hereto and made a part hereof.

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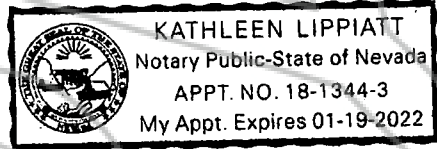
5. That Susan Boos, fka Susan Seminerio is the surviving joint tenant of the property described in attachment 1.

Susan Boos

Susan Boos, fka Susan Seminerio

SUBSCRIBED AND SWORN TO BEFORE
ME THIS 6th DAY OF April, 2021.

Kathleen Lippiatt
Notary Public



**Exhibit A
LEGAL DESCRIPTION**

File Number: 1015258

PARCEL 1:

Lot 90, as shown on the official map of ZEPHYR KNOLLS SUBDIVISION UNIT NO. 4, filed in the office of the County Recorder of Douglas County, Nevada on October 14, 1957, as Document No. 12699.

PARCEL 2:

All that real property situate within the East 1/2 of the Southwest one-quarter of Section 10, Township 13 North, Range 18 East, M.D.M., Douglas County, Nevada, as disclosed that certain Judgment Quieting Title recorded, June 16, 2005, in Book 0605, at Page 7131, at Document No. 647015, Official Records of Douglas County, Nevada, described as follows: All that portion of Lot 89 of Zephyr Knolls Unit 4, filed for record as Document No. 12699 in the Official Records of Douglas County, Nevada, more particularly described as follows:

BEGINNING at the most southerly corner of said Lot 89, said point being on the northwesterly right-of-way line of Inspiration Drive, as shown on said Document No. 12699; [thence leaving said northwesterly right-of-way line, running along the westerly line of said Lot 89, North 28°00'40" West, 18.70 feet; thence leaving said westerly line, South 79°23'00" East, 16.70 feet to a point on said northwesterly right-of-way line of Inspiration Drive; [thence along said northwesterly right-of-way line, South 29°37'00" West, 15.45 feet to THE POINT OF BEGINNING.

The Basis of Bearing for this description is the bearing North 29°37'00" East along the northwesterly right-of-way line of Inspiration Drive, as shown on the plat of Zephyr Knolls Unit 4, filed for record as Document No. 12699 in the Official Records of Douglas County, Nevada.

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"IN COMPLIANCE WITH NEVADA REVISED STATUTE 111.312, THE HEREIN ABOVE LEGAL DESCRIPTION WAS TAKEN FROM JUDGMENT QUIETING TITLE RECORDED JUNE 16, 2005, BOOK 0605, PAGE 131, AS FILE NO. 647015, RECORDED IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA."

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4204204

CERTIFICATE OF DEATH

2021007431
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Matthew Linke SEMINERIO		2. DATE OF DEATH (Mo/Day/Year) March 21, 2021		3a. COUNTY OF DEATH Washoe		
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or number) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient		
	4 SEX Male						
DECEDENT	5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 66		
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) December 08, 1954		
	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 12		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	11 MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)				
	13. SOCIAL SECURITY NUMBER [REDACTED]-6375		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Surveyor		14b. KIND OF BUSINESS OR INDUSTRY City of Los Angeles		
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove		
PARENTS	15d. STREET AND NUMBER 636 Inspiration Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes				
	16 FATHER/PARENT - NAME (First Middle Last Suffix) William SEMINERIO			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Donna Florence LINKE			
	18a. INFORMANT - NAME (Type or Print) Dominick SEMINERIO			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 2341 Stateline, Nevada 89449			
Cremation	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) KENNETH BOWMAN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD806		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Affinity 644 S Wells Rd Reno NV 89502		
	20a. SIGNATURE AUTHENTICATED						
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) DARIN OLDE APRN			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) March 23, 2021		21c. HOUR OF DEATH 09:32		22b. DATE SIGNED (Mo/Day/Yr)		
CERTIFIER	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) Darin Olde APRN 1155 Mill St Reno, NV 89502				
	23b. LICENSE NUMBER APRN001306						
REGISTRAR	24a. REGISTRAR (Signature) BLAIR J HEDRICK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 24, 2021		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						
CAUSE OF DEATH	(a) Acute Diastolic Heart Failure				Interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
	(b) Hepatorenal Syndrome				Interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
	(c) Chronic Alcoholic Cirrhosis				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death			
(d) Chronic Alcohol Abuse				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 Chronic Atrial Fibrillation, Chronic Alcoholic Coagulopathy					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			

000413534

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.

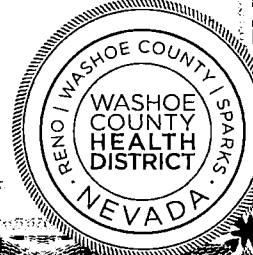
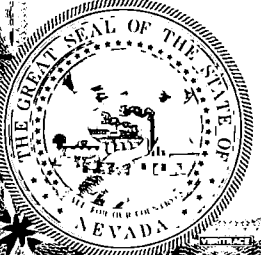
DEPUTY REGISTRAR

[Signature]
SIGNATURE AUTHENTICATED

DATE ISSUED:

3/26/2021

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE