

The undersigned affirms that this document submitted for recording does not contain a Social Security Number



KAREN ELLISON, RECORDER

APN: 1220-22-210-201
WHEN RECORDED MAIL TO:
Sandra A. Tabaldo
797 Bluerock Rd.
Gardnerville, NV 89460

AFFIDAVIT GIVING NOTICE OF DEATH OF JOINT TENANT

Sandra A. Tabaldo does hereby swear under penalty of perjury that the assertions of this affidavit are true, and declares the following:

1. Sandra A. Tabaldo is the surviving spouse of Adrain C. Tabaldo, deceased.
2. Adrain C. Tabaldo died in Gardnerville, Nevada, on January 30, 2021. A certified copy of his death certificate is attached to this Affidavit as Exhibit A.
3. On December 4, 2000, the undersigned and Adrain C. Tabaldo acquired title as joint tenants with the right of survivorship to a parcel of real property situated in Douglas County, Nevada by Grant, Bargain and Sale Deed recorded as Document No. 0504634, Book 1200, Page 1338, of the Official Records of Douglas County, Nevada. The legal description is as follows:

Lot 79 as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record on May 29, 1973, in the office of the County Recorder of Douglas County, Nevada, as Document No. 66512, and on Record of Survey recorded on October 1, 1982, in Book 1082, of Official Records at Page 006, as Document No. 71399.

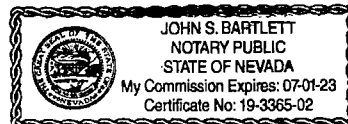
4. At the time of death of Adrain C. Tabaldo, title to the real property described above continued to be held by Adrain C. Tabaldo and Sandra A. Tabaldo as joint tenants. As a result of the death of Adrain C. Tabaldo and the joint tenancy form of title, the real property described above is now owned by Sandra A. Tabaldo.

DATED: June 7, 2021

Sandra A. Tabaldo
Sandra A. Tabaldo

Subscribed and sworn to before me, a Notary Public, on this 7th day of June, 2021.

John S. Bartlett
John S. Bartlett



STATE OF NEVADA CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4194776

CERTIFICATE OF DEATH

2021003341
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK DECEDED 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): Adrain Charles TABALDO		2. DATE OF DEATH (Mo/Day/Year) January 30, 2021		3a. COUNTY OF DEATH Douglas		
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient		
4. SEX Male		5. RACE (Specify) Filipino		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 80	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) August 26, 1940			
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) Sandra A KVISTAD		13. SOCIAL SECURITY NUMBER ██████████ 2320		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) PRODUCE		14b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 797 Bluerock Rd	
15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Adraino P TABALDO SR		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Minnie E COSTA			
18a. INFORMANT- NAME (Type or Print) Sandra A TABALDO		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 797 Bluerock Rd Gardnerville, Nevada 89460					
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BETHANY J RASMUSSEN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD969		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423			
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) JOHN R HOLMAN MD 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) February 02, 2021		21c. HOUR OF DEATH 10:21		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				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) John R Holman MD 925 Ironwood Dr Minden, NV 89423						23b. LICENSE NUMBER 13250	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 09, 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							
(a) Rupture Abdominal Aortic Aneurysm Interval between onset and death: 10 Minutes							
DUE TO, OR AS A CONSEQUENCE OF:							
(b) Hypertension Interval between onset and death: 30 Years							
DUE TO, OR AS A CONSEQUENCE OF:							
(c) Hyperlipidemia Interval between onset and death: 30 Years							
DUE TO, OR AS A CONSEQUENCE OF:							
(d) None Interval between onset and death: None							
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Tobacco Use						26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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	



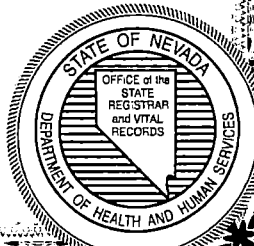
CERTIFIED COPY OF VITAL RECORDS

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: **FEB 12 2021**

[Signature]
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE