DOUGLAS COUNTY, NV Rec:\$40.00

2021-975583 10/15/2021 02:05 PM

Total:\$40.00

Pgs=3

SILVANA R. BORSELLI

APN# 1318 - 03 - 111 - 039	00143963202109755830030038
Recording Requested by/Mail to:	KAREN ELLISON, RECORDER
Name: SILVANA BORSELL,	\ \
Address: 198 RAY Way	\ \
City/State/Zip: Zephyr Cove, Nevada, 89	448
Mail Tax Statements to:	
Name: Silvana Borselli	
Address: P.O. Box 11905, 198 Ray,	
Address: P.O. Box 11905, 198 Ray, City/State/Zip: Zephaje Cove, Nevada, 89	7448
Affidavit of Deat	h_
Title of Document (required)	
(Only use if applicable)	·
The undersigned hereby affirms that the document submitted DOES contain personal information as required by law: (che	L 76.
Affidavit of Death – NRS 440.380(1)(A) & NRS	~
Judgment – NRS 17.150(4)	
Military Discharge – NRS 419.020(2)	
Lilwad Borselli	
Signature	
Silvana Borselli	
Printed Name	
This document is being (re-)recorded to correct document #	and is correcting

Affidavit of Death
COUNTY OF Douglas
I, SI VANA Bosell; residing at 198 RAY WAY, Zephyr Cove, being of legal age, depose and say that:
That Joseph A., Breselli,
evidence by a certified copy of that Certificate of Death, attached hereto;
That I am the successor to the estate of the descendant and to the descendants interest in funds held by various institutions and no other person has a superior right to the interest of the decedents in the described property;
That no proceeding is being or has been conducted in administration of the descendant's estate. Lot 131, as shown on the MAP Of Skyland Subdivision, Unit no. 2, Filed
Of Skyland Subdivision, Unit no. 2, file. Oath of Affirmation: IN the office of the office of the County Recorder of Douglas County, wevada on 7/22 I certify under penalty of perjury under Novada law that I know the contents of this Affidavit signed by me and that the statements are true and correct.
Signed and sworn to before me on October 15, 2021 by 5ilvana Borsell;
Lihou Borselli.
STATE OF Nevada, COUNTY OF Douglas, ss:
Notary Public
NOTARY PUBLIC STATE OF NEVADA County of Douglas DOROTHY A LOUNSBURY
No: 18-3549-5 AMENDED My Appointment Expires February 9, 2022 () Title (and Rank)

My commission expires Feb. 09 2002



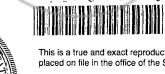
DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE FILE NO. 3892003

CERTIFICATE OF DEATH

2016009030

TYPE OR	1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX)					STATE FILE NUMBER						
PRINT IN			^);	DODOGLI		2 DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH						
BLACKINK	,	Joseph A BORSELLI					April 29, 2016 Douglas					
ର୍ଗା ସ	3b CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give inumber)						e street an 3e If Hosp, or Inst, indicate DOA, OP/Emer Rm 4. SEX Inpatient(Specify)					
DECEDENT	Zephyr Cove	<u></u>	198 Ray Way				/ Home Male					
의 건 기	5 RACE (Specify)	, ,	6. Hispanic Origin? Specify 7a. AGE-Last birthday				b UNDER 1 YEAR 7c. UNDER 1 DAY 8. DATE OF BIRTH (Mg/Day/Yc)					
3		hite	No - Non-Hispanic (Tears)				DAYS HOU	RS MINS	July	30, 1927		
IF DEATH OCCURRED IN INSTITUTION SEE	9a STATE OF BIRTH (If not US		CITIZEN OF WHAT COUNTRY 10 EDUCATION 11, MARITAL S				TUS (Specify) 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)					
: HANDBOOK	name country) California 13 SOCIAL SECURITY NUMBE	a j ()!!	United States 12				Silvaria RUSA					
REGARDING COMPLETION OF	6277	6377					14b. KIND OF BUSINESS OR INDUSTRY Ever in US Armed					
RESIDENCE ITEMS		15b. COUNTY	15c C	Butcher ITY, TOWN OR LO	CATION 454 CT	REET AND		cery		orces? Yes		
	Nevada		100.0			the same of the sa		The state of the s	1	5e. INSIDE CITY IMITS (Specify Yes		
	16 FATHER/PARENT - NAME (Douglas (First Middle Last Si	rffix)	Zephyr Co		Ray Wa			**L	or No) No		
PARENTS	, ,	Albert BORS	•		I/ MOTHER/	AKENI-N	IAME (First Mid	dle Last Su : MAFFE	756	1		
	18a. INFORMANT- NAME (Type			8b MAILING ADD	RESS (Street or R	ED No Co	ty or Town, State,					
3		BORSELLI			P.O. Box		ephyr Cove,		2448	1		
NODO OUTION	19a BURIAL, CREMATION, REI	MOVAL, OTHER (Spec	ify) 19b. CEMET		ORY - NAME			LOCATION	City or Town	State		
ISPOSITION	Cremati			796	Sierra Cremato			Carsor	City Nevad			
j' 3.	20a. FUNERAL DIRECTOR - SIG	GNATURE (Or Person	Acting as Such)	20b FUNERAL	DIRECTOF 20c. NAI	ME AND AD	DRESS OF FACI	LITY				
		URE AUTHENTICA		LICENSE NUME 848	BER	Capitol C	City Memorial	Crematio	n and Burial	Society		
TRADE CALL	TRADE CALL - NAME AND ADD		TED			16	14 N Curry Stre	et Carson	City NV 89	703		
	> 21a To the best of my kno		ed at the time, date	e and place and du	22a On the	basis of over	mination and/or inv	antination in		 		
	୍ଥ୍ୟ to the cause(s) stated (Sig	gnature & Title)	SIGNATURE A	UTHENTICATE	D 25	date and plac	e and due to the ca	esiigailon, in n ause(s) stated.	nyopinion deathi (Signature & Tit	occurred (e)		
CERTIFIER	21b. DATE SIGNED (Mo/	B A BOTTENB	ERG DO C. HOUR OF DEA	\TU	1 25 15	- 4				· ,		
. • • • • • • • • • • • • • • • • • • •	등 May 19, 2016	,	11:	796	22b DAT	E SIGNED (Mo/Day/Yr)	.22c. F	OUR OF DEAT	TH		
3	The state of ATTENDING ENTRUCIAN IED THEN CERTIFIER TO A 200 DOMOUNCED DEAD (MarD-104) 1220 DOMOUNCED DEAD AT (1)								DEAD AT (Hour)			
9890	(Type or Print) 23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENSE NUMBER								JE IS / I (rides)			
	23a NAME AND ADDRESS OF	CERTIFIER (PHYSIC)	AN, ATTENDING	PHYSICIAN, MEDI	CAL EXAMINER, OR	CORONER	र) (Type or Print)	23	Bb. LICENSE NU			
DE0107717	B A Bottenberg DO 550 W Washington #1 Carson City, NV 89703 DO67- 24a REGISTRAR (Signature) VERALYNN A BOYACK 24b. DATE: RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICATION OF THE PROPERTY OF THE PROP											
REGISTRAR	,		UTHENTICAT		(Ma/Day/Va)	May 19, 2	70.00	C DEATH DO				
CAUSE OF	25 IMMEDIATE CAUSE	(ENTER ONLY ONE				lay 15, 2	0.10	123		en onset and death		
DEATH		lmonary Arres	it		- 1-//			1	Minutes	en onset and death		
d		S A CONSEQUENCE	OF.	-				 i		an onsat and death		
CONDITIONS IF	(b) Dehydration Years Due to, or as a consequence of.							sir onset and death				
GAVE RISE TO								en onset and death				
CAUSE > STATING THE > UNDERLYING	(c) Alzhemers Dementia								ar onset and acatty			
UNDERLYING CAUSE LAST	DUE TO, OR AS	S A CONSEQUENCE	OF.	_				-	Interval between	en onset and death		
3 /	(d)		The state of the s					ľ				
/ /	PART II OTHER SIGNIFICANT	CONDITIONS-Condition	ons contributing to	death but not resu	iting in the underlying	cause give	n in Part 1.	26 AUTOP	SY (Specil 27 W	AS CASE		
			The state of the s					Yes or No)	No (Spec	RRED TO CORONER (Sifty Yes or No.)		
<u> </u>	28a ACC , SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo/Day/Yr)	28c HOUR OF INJUR	Y 28d. DESCRIBE I	HOW INJURY	OCCURRED			100		
		<u> </u>	N. I							ĺ		
	28e INJURY AT WORK (Specify	28f PLACE OF INJU	RY- At home, fam	n, street, factory, of	fice 28g LOCATIO	N ST	REET OR R.F.D.	No CITY	OR TOWN	STATE		
} \ I	Yes or No)	puilding, etc. (Specify)]							OIAIL		



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: 10/8/2021

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

STATE REGISTRAR

