

DOUGLAS COUNTY, NV **2021-977327**
Rec:\$40.00
\$40.00 Pgs=4 11/19/2021 09:40 AM
TICOR TITLE - RENO (MAIN)
KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

**Adrienne Westerlin
160 Cottonwood Drive
Stateline, NV 89449**

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. 02107303-RLS
APN No.: 1318-23-810-002

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA
COUNTY OF *DOUGLAS* } ss:

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

That Tomas Westerlin the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Thomas Westerlin named as one of the Grantees in that certain Deed from James F. Minardi and Donna M. Minardi, Trustees of the James F. Minardi and Donna M. Minardi community property Trust dated November 26, 1990 to Adrienne Westerlin and Tomas Westerlin, wife and husband as joint tenants with right of survivorship recorded as Instrument No. 840747, on April 7, 2014 of Official Records of Douglas County Nevada, covering the following described property.

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF

SEE ATTACHMENT FOR NOTARY CERTIFICATE

Dated: November 11, 2021

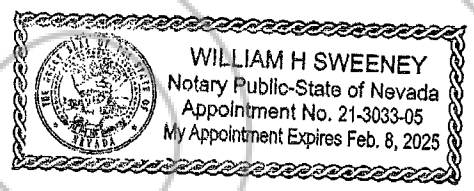
AFFIDAVIT TERMINATING JOINT TENANCY

Adrienne A. Westerlin
Adrienne A. Westerlin

STATE OF NEVADA }
COUNTY OF Douglas } ss:

This instrument was acknowledged before me on NOVEMBER 15, 2021
by Adrienne Westerlin

William H. Sweeney
NOTARY PUBLIC



COOPER

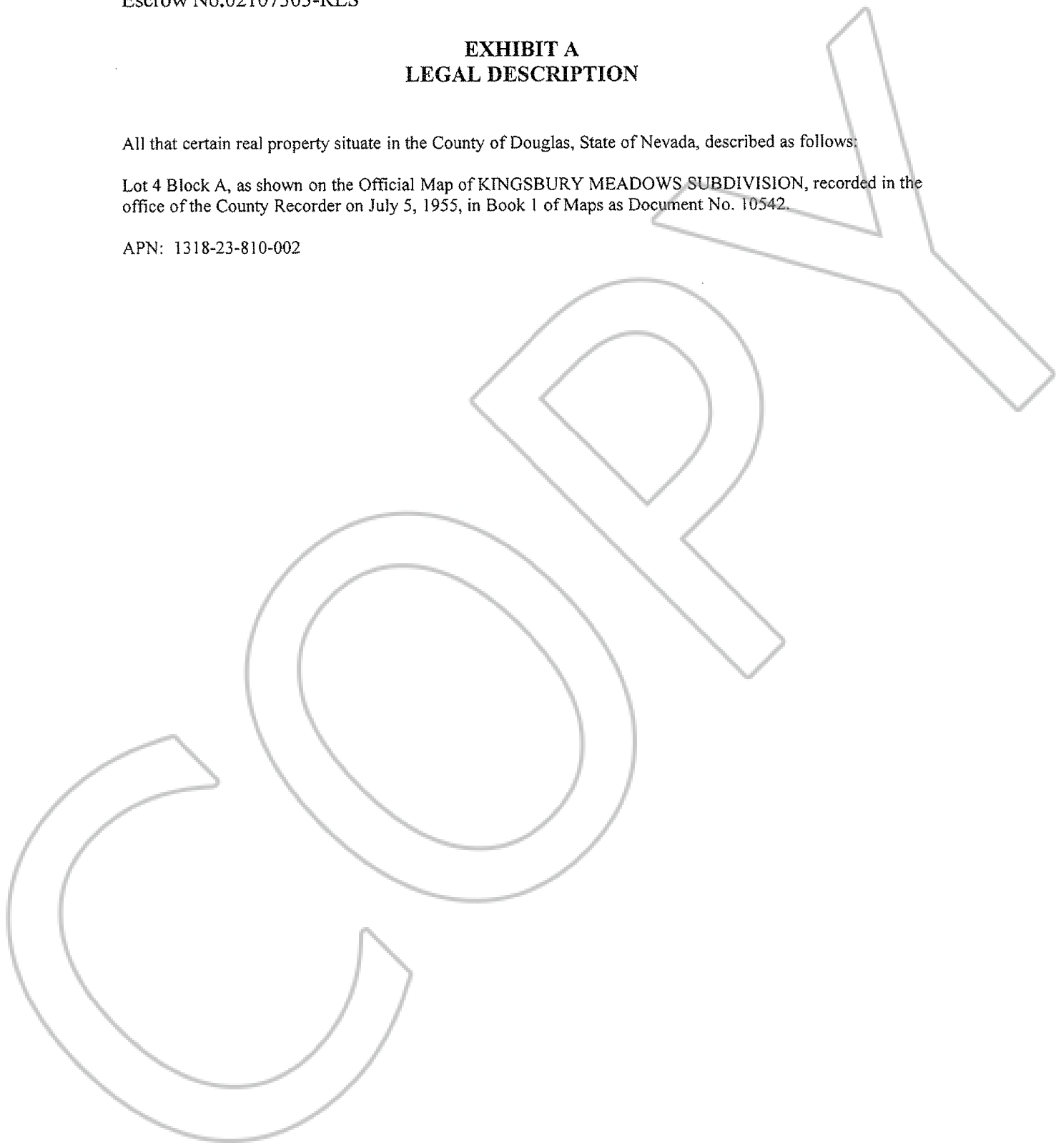
Escrow No.02107303-RLS

**EXHIBIT A
LEGAL DESCRIPTION**

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

Lot 4 Block A, as shown on the Official Map of KINGSBURY MEADOWS SUBDIVISION, recorded in the office of the County Recorder on July 5, 1955, in Book 1 of Maps as Document No. 10542.

APN: 1318-23-810-002



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4137621

CERTIFICATE OF DEATH

202006462

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Tomas Jan WESTERLIN				2. DATE OF DEATH (Mo/Day/Year) March 25, 2020		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and 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) 42		7b. UNDER 1 YEAR MOS DAYS	
	7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 08, 1977					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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) Adrienne KALAMARAS							
PARENTS	13. SOCIAL SECURITY NUMBER ██████████6477		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Hot Tub Technician		14b. KIND OF BUSINESS OR INDUSTRY MANUFACTURING		Ever in US Armed Forces? No	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Stateline		15d. STREET AND NUMBER 160 Cottonwood Dr	
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) Jan WESTERLIN				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Eva HENRIKSSON			
	18a. INFORMANT - NAME (Type or Print) Adrienne WESTERLIN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P. O. Box 6203 Stateline, Nevada 89449					
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Mountain View Crematory		19c. LOCATION City or Town State Reno Nevada 89503			
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) KENNETH COX SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD755		20c. NAME AND ADDRESS OF FACILITY Mountain View Mortuary PO Box 5158 Reno NV 89513			
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CARYL MILLAZZO 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) CARYL MILLAZZO SIGNATURE AUTHENTICATED			
	21b. DATE SIGNED (Mo/Day/Yr) April 01, 2020		21c. HOUR OF DEATH 15:50		22b. DATE SIGNED (Mo/Day/Yr) April 01, 2020		22c. HOUR OF DEATH 15:50	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) March 25, 2020		22e. PRONOUNCED DEAD AT (Hour) 15:50			
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Caryl Millazzo 990 E Ninth St Reno, NV 89512						23b. LICENSE NUMBER	
CAUSE OF DEATH	24a. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 01, 2020		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>			
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Pending DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death (b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death (c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death (d) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death							
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.						26. AUTOPSY (Specify Yes or No) Yes	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) PENDING INVEST.		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 Nevada		

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

DATE ISSUED:

4/3/2020

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

Signature Authenticated

