

APN: 1220-17-501-022

Recording Requested By:
HERITAGE LAW, A Division of
KALICKI COLLIER, LLP
1625 Highway 88, Suite 304
Minden, Nevada 89423



KAREN ELLISON, RECORDER

Mail Future Tax Statements To:
Carole Greppi Leone
973 Heavenly View Court
Gardnerville, NV 89460

The undersigned hereby affirms that this document submitted for recording contains personal information as required by law: Affidavit of Death – NRS 440.380(1)(a) and NRS 40.525(5)

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

CAROLE GREPPI LEONE, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of his own personal knowledge:

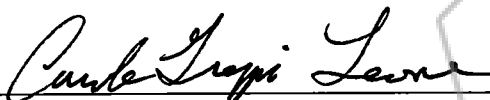
That VINCENT J. LEONE, the Decedent mentioned in the certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as VINCENT J. LEONE, Grantee in that certain *Grant, Bargain AND Sale Deed* recorded on March 17, 2009, as Document No. 739762 of Official Records of Douglas County, State of Nevada, which *Grant, Bargain and Sale Deed* pertains to property situated at 973 Heavenly View Court, Gardnerville, Douglas County, Nevada, and more precisely described as:

SEE LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A" AND MADE A PART HEREOF

Pursuant to NRS 111.312, the above legal description was previously recorded in *Grant, Bargain and Sale Deed* recorded as Document No. 739762 of Official Records of the County of Douglas, State of Nevada, on March 17, 2009.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

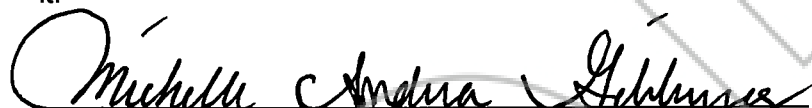
Dated: November 23, 2021.



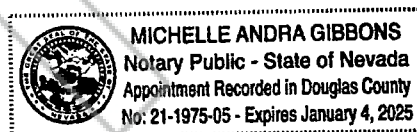
CAROLE GREPPI LEONE,
Surviving Grantee/Surviving Joint Tenant

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On November 23, 2021, before me, a Notary Public, personally appeared CAROLE GREPPI LEONE, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it.



Notary Public



APN: 1220-17-501-022

EXHIBIT "A"
LEGAL DESCRIPTION

THAT PORTION OF THE NORTHWEST ONE-QUARTER OF THE NORTHWEST ONE-QUARTER OF SECTION 17, TOWNSHIP 12 NORTH, RANGE 20 EAST, M.D.B.&M. IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

PARCEL 3A:

BEGINNING AT THE NORTHEASTERLY CORNER OF PARCEL 1 OF THAT CERTAIN PARCEL MAP #1019 FOR THE CLARK FAMILY TRUST, RECORDED IN BOOK 796 AT PAGE 4151 AS DOCUMENT NO. 392836 OF THE OFFICIAL RECORDS OF SAID DOUGLAS COUNTY; THENCE SOUTHERLY ALONG THE EASTERLY LINE OF SAID PARCEL MAP #1019, S. $0^{\circ}37'40''$ W., 426.75 FEET TO THE TRUE POINT OF BEGINNING; THENCE CONTINUING SOUTHERLY ALONG SAID EASTERLY LINE, S. $0^{\circ}37'40''$ W., 300.00 FEET; THENCE N. $69^{\circ}40'13''$ W., 420.10 FEET; THENCE N. $89^{\circ}27'40''$ W., 63.00 FEET TO AN ANGLE POINT IN THE WESTERLY LINE OF SAID PARCEL MAP #1019; THENCE NORTHERLY ALONG SAID WESTERLY LINE N. $0^{\circ}32'20''$ E., 157.18 FEET; THENCE S. $89^{\circ}32'00''$ E., 458.75 FEET TO THE TRUE POINT OF BEGINNING.

THE ABOVE DESCRIBED PARCEL IS SHOWN AS PARCEL 3A ON THAT CERTAIN RECORD OF SURVEY IN SUPPORT OF A BOUNDARY LINE ADJUSTMENT FOR THE CLARK FAMILY TRUST AND JEFFREY P. PISCIOTTA, RECORDED IN BOOK 0301 AT PAGE 1462 AS DOCUMENT NO. 509940 OF THE OFFICIAL RECORDS OF SAID DOUGLAS COUNTY.

EXCEPTING THEREFROM ANY AND ALL WATER RIGHTS APPURTENANT THERETO, INCLUDING, BUT NOT LIMITED TO, ALL OF THE PERMITTED, ADJUDICATED, DECREED AND/OR CERTIFIED RIGHTS AND/OR WATER RIGHTS, IF ANY, APPURTENANT THERETO.

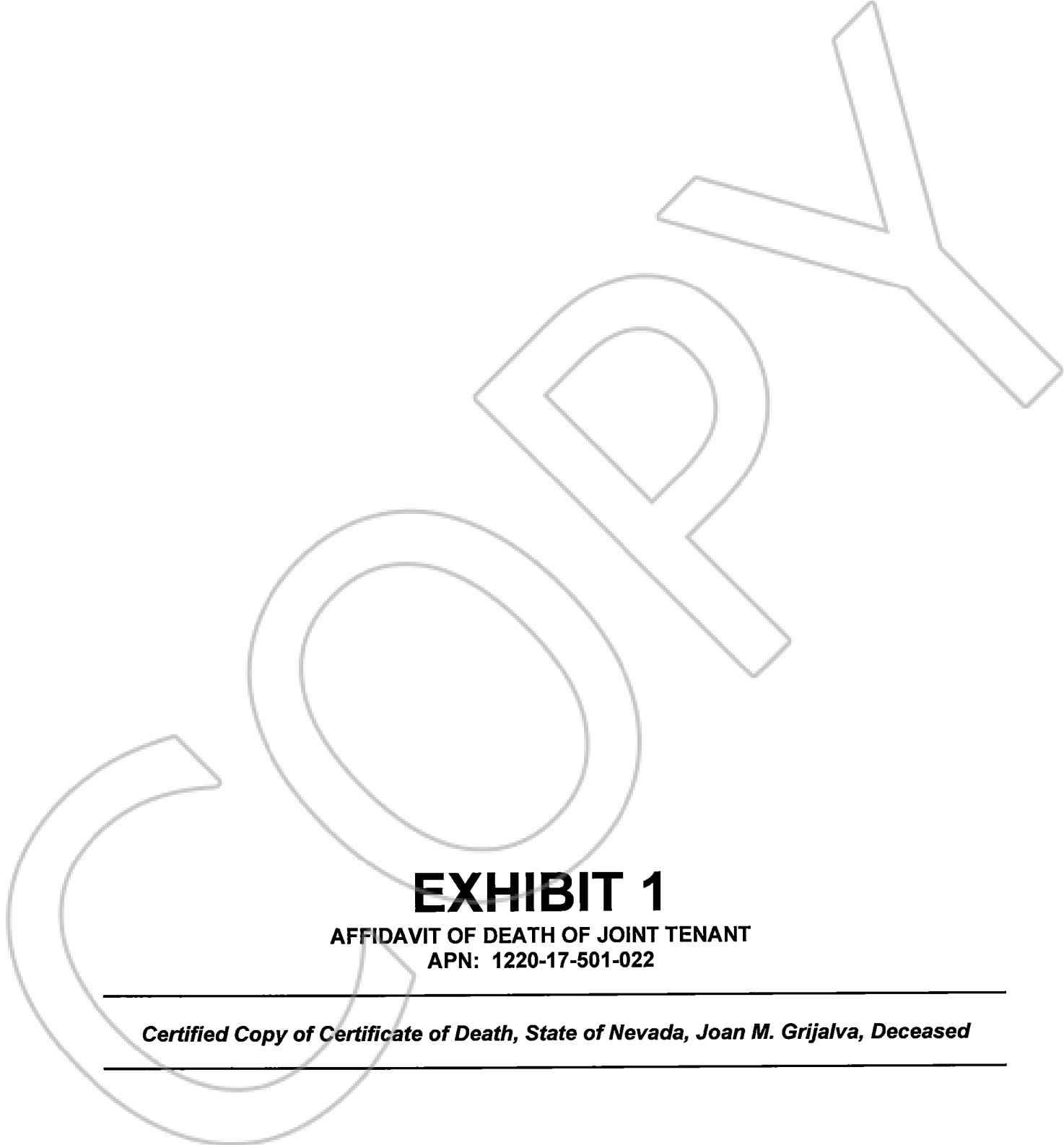


EXHIBIT 1

**AFFIDAVIT OF DEATH OF JOINT TENANT
APN: 1220-17-501-022**

Certified Copy of Certificate of Death, State of Nevada, Joan M. Grijalva, Deceased

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2014003727

STATE FILE NUMBER

| | | | | | | |
|--|--|---|---|---|--|--|
| TYPE OR PRINT IN PERMANENT BLACK INK | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Vincent John LEONE | | 2. DATE OF DEATH (Mo/Day/Year) March 08, 2014 | | 3a. COUNTY OF DEATH Douglas | |
| | 3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville | | 3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 973 Heavenly View Ct. | | 3d. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home | |
| DECEDENT | 5. RACE White (Specify) | | 8. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 77 | |
| | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | | 8. DATE OF BIRTH (Mo/Day/Yr) January 26, 1937 | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 9a. STATE OF BIRTH (If not U.S.A., name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 12 | |
| | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 12. SURVIVING SPOUSE (if wife, give maiden name) Carole GREPPI | | | |
| PARENTS | 13. SOCIAL SECURITY NUMBER ██████-3407 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Operating Engineer | | 14b. KIND OF BUSINESS OR INDUSTRY City of San Francisco | |
| | 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| DISPOSITION | 16a. FATHER/PARENT - NAME (First Middle Last Suffix) Charles Pat LEONE | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary ALOISE | | | |
| | 18a. INFORMANT- NAME (Type or Print) Carole LEONE | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 973 Heavenly View Ct. Gardnerville, Nevada 89460 | | | |
| TRADE CALL | 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) CURT KOESTLER | | 20b. FUNERAL DIRECTOR LICENSE 823 | | 20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410 | |
| 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) SIGNATURE AUTHENTICATED NITA SCHWARTZ M.D. | | | | 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 12, 2014 | | 21c. HOUR OF DEATH 07:14 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| REGISTRAR | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | | 22c. HOUR OF DEATH | |
| | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703 | | | | 23b. LICENSE NUMBER 9114 | |
| CAUSE OF DEATH | 24a. REGISTRAR (Signature) NICOLE SHORE | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 12, 2014 | | 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)) | | 26. AUTOPSY (Specify Yes or No) No | | | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST | PART I | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | | Interval between onset and death | |
| | (a) Prostate Cancer, Metastatic | | | | 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 | | |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. | | | | | | |
| 28a. ACC., SUICIDE, HOMICIDE, 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 | | | | | | |

STATE REGISTRAR

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: **03/17/2014**

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

