

APN# 1320-33-713-016

Recording Requested by/Mail to:

Name: FATCO

Address: 1663 US HWY 395 STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: Phillip Pedrojetti

Address: 1429 Muir drive

City/State/Zip: Gardnerville NV 89460

AFFIDAVIT - TERMINATING JOINT TENANCY

Title of Document (required)


------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

EMILY TOBIAS

Printed Name

**This document was executed
in counter-part and
shall be deemed as one.**

This document is being (re-)recorded to correct document # _____, and is correcting

A.P.N.: 1320-33-713-016
File No: 143-2642696 (et)

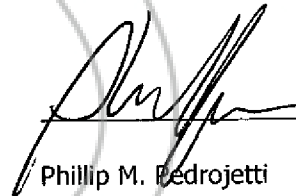
When Recorded return to, and mail Tax Statements to:
Phillip M. Pedrojetti and Mary C. Pedrojetti

AFFIDAVIT - TERMINATING JOINT TENANCY

Phillip M. Pedrojetti and Mary C. Pedrojetti, of legal age, being first duly sworn, deposes and says:

That **Peggy O. Pedrojetti**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Peggy O. Pedrojetti** named as one of the parties in that certain **GRANT BARGAIN, SALE DEED** dated **December 18, 2009** executed by **Peggy O. Pedrojetti** to **Peggy O. Pedrojetti and Phillip M. Pedrojetti and Mary C. Pedrojetti** as joint tenants, recorded as Document No. **756276** on **12/28/2009** in Book **1209** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

**LOT 54, IN BLOCK D, AS SET FORTH ON FINAL SUBDIVISION MAP #1006-5
CHICHESTER ESTATES PHASE 5, FILED IN THE OFFICE OF THE COUNTY RECORDER
OF DOUGLAS COUNTY, NEVADA RECORDED ON APRIL 9, 1999 IN BOOK 499 AT PAGE
1900 AS DOCUMENT NO. 465394, OFFICIAL RECORDS.**


Phillip M. Pedrojetti

12-17-21

Date

Mary C. Pedrojetti

Date

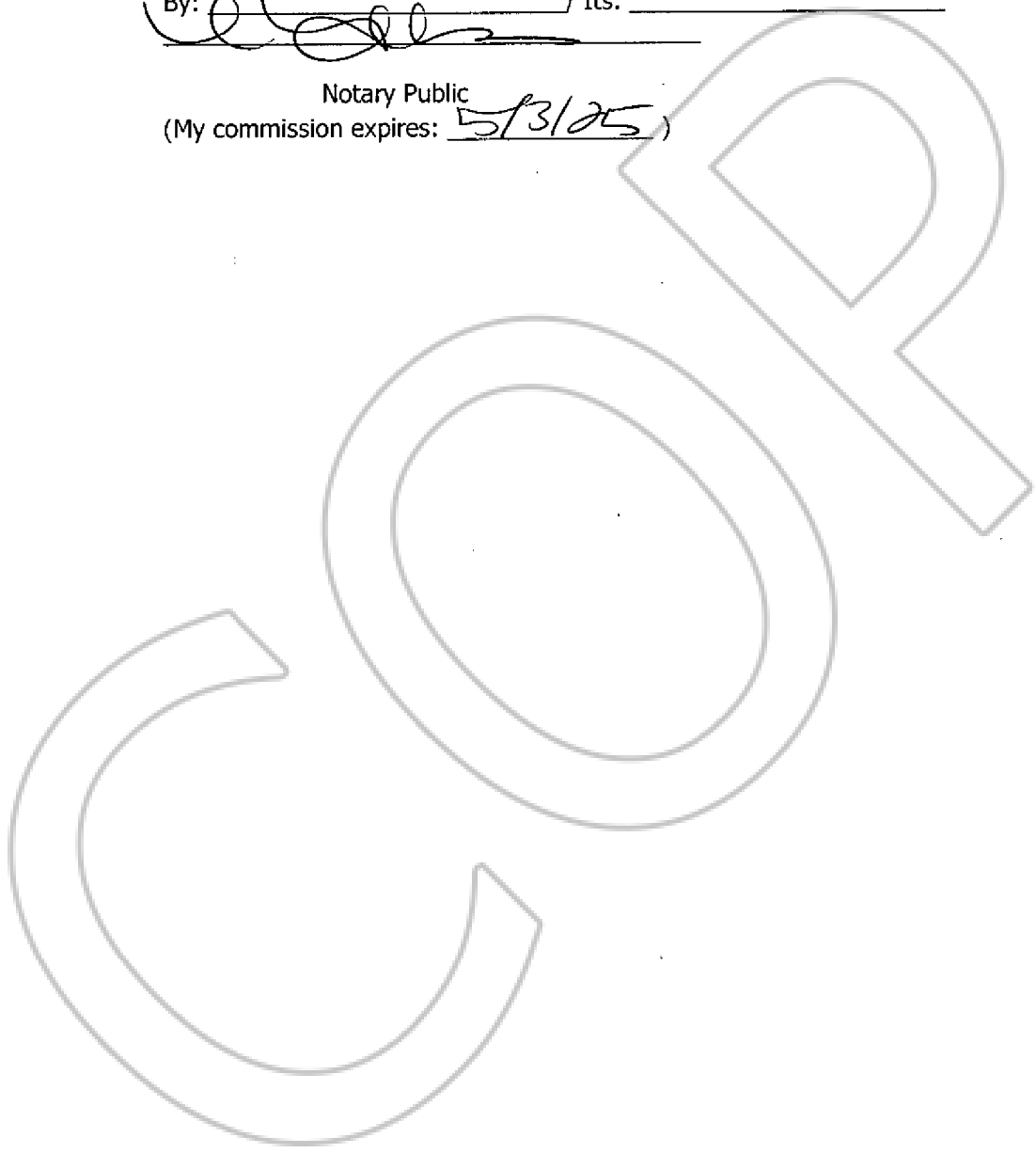
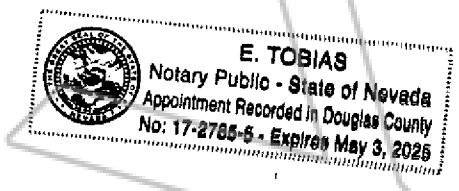
STATE OF **NEVADA**)
)
) :SS.
)
COUNTY OF **DOUGLAS**)

This instrument was acknowledged before me on this:
17 day of December 2021

By: **Phillip M. Pedrojetti and Mary C. Pedrojetti**

By: [Signature] / Its: _____

Notary Public
(My commission expires: 5/3/25)



A.P.N.: 1320-33-713-016

File No: 143-2642696 (et)

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Phillip M. Pedrojetti and Mary C. Pedrojetti

AFFIDAVIT - TERMINATING JOINT TENANCY

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Phillip M. Pedrojetti

Date

Mary C. Pedrojetti

Mary C. Pedrojetti

12/20/21

Date

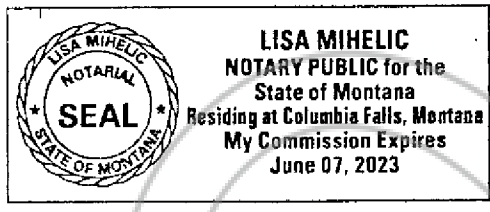
STATE OF ~~NEVADA~~ Montana)
COUNTY OF ~~DOUGLAS~~ Flathead) :SS.

This instrument was acknowledged before me on this:
20 day of December 2021

By: ~~Phillip M. Pedrojetti and Mary C. Pedrojetti~~ Only

By: Lisa Mihelic / Its: _____
Lisa Mihelic

Notary Public
(My commission expires: 6/7/23)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4244456

CERTIFICATE OF DEATH

2021026629
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

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
HAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Peggy O PEDROJETTI		2. DATE OF DEATH (Mo/Day/Year) October 23, 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 or number) 1318 E. Aylesbury Court		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
8. DATE OF BIRTH (Mo/Day/Yr) October 17, 1952		9a. STATE OF BIRTH (if not US/CA, name country) Washington		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████████4530		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) INSURANCE AGENT		14b. KIND OF BUSINESS OR INDUSTRY INSURANCE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1318 E. Aylesbury Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert L O'REILLY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen L LOOSMORE		
18a. INFORMANT- NAME (Type or Print) Phillip PEDROJETTI		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1429 Muir Drive Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL; OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Creations 1600 Buckeye Rd 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) ADAM WINDSOR 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) December 03, 2021		21c. HOUR OF DEATH 09:48		22b. DATE SIGNED (Mo/Day/Yr) December 03, 2021	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. PRONOUNCED DEAD (Mo/Day/Yr) October 24, 2021		22e. PRONOUNCED DEAD AT (Hour) 09:48	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Adam Windsor P O Box 218 Minden, NV 89423				23b. LICENSE NUMBER 446	
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 03, 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) Complications Of Chronic Ethanol Abuse				Interval between onset and death	
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	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Hypertensive Cardiovascular Disease				26. AUTOPSY (Specify Yes or No) Yes	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC. SUICIDE, HON. 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	

000903533



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:

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



Adam Windsor
STATE REGISTRAR

