

DOUGLAS COUNTY, NV

2022-982026

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03/03/2022 01:07 PM

FNC TITLE SERVICES, LLC

KAREN ELLISON, RECORDER

AFFIDAVIT OF SURVIVING JOINT TENENT

REQUESTED BY AND Return to:
FNC Title Services, LLC
1300 Piccard Drive, Suite 105
Rockville, MD 20850
2021-09-883

DRAFT

2021-08-1799 AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

Now on this 23rd day of December 2021, I, Ronald M. Santi, of lawful age, being duly sworn, state as follows:

On the 10th day of July, 1989, this interest was conveyed by a recorded document to Ronald M. Santi and Nancy A. Santi, husband and wife, as joint tenants, with rights of survivorship, the following real property situated in Douglas County, Nevada, to wit:

ATTACHED AS EXHIBIT "A"

Said document of conveyance was recorded in the records of the County Clerk of Douglas County, State of Nevada, in Book 789 at Page 1010.

There is attached hereto, a certified copy of the Death Certificate of the deceased Joint Tenant, Nancy A. Santi, issued by the Department of Health for the State of NV showing that the deceased Joint Tenant died on the 28 day of 2013.

Affiant further states that he/she is the surviving joint tenant in the described property, and that the decedent named in the certificate of death, Nancy A. Santi, is one and the same person as the joint tenant named in the deed recorded as above set forth.

And further affiant saith not.

Signed Ronald M. Santi Affiant

RONALD M SANTI

Subscribed and sworn to before me this 23rd day of December 2021. My Commission Expires: 9-25-22

Notary Public

ACKNOWLEDGMENT

STATE OF NV)
) SS.
COUNTY OF Douglas)

23rd Before me, the undersigned, a Notary Public, in and for said County and State on the
day of December 2021, personally appeared
Ronald M. Santi to me known to be the identical person who executed the
within and foregoing instrument and acknowledged to me that executed the same as
free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my official signature and affixed my
official seal the day and year first above written.

My Commission Expires:
9-25-22

Rhonda J.

Notary Public

RHONDA TERIS



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH VITAL STATISTICS

ORIGINAL

CERTIFICATE OF DEATH

2013016075
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 GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) Nancy A SANTI		2. DATE OF DEATH (Mo/Day/Year) September 28, 2013		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) Gardnerville Health and Rehab		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 64		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 05, 1949		9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Ronald M SANTI	
13. SOCIAL SECURITY NUMBER 0074		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even If Retired) Clerk		14b. KIND OF BUSINESS OR INDUSTRY Industrial	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1254 Stephanie Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Earl REEDER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Thelma HOSMAN		
18a. INFORMANT- NAME (Type or Print) Ronald M SANTI			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1254 Stephanie Way Minden, Nevada 89423		
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) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville, NV 89410	
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) NITA SCHWARTZ M.D. 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) October 02, 2013			21c. HOUR OF DEATH 02:30		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
			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) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 04, 2013		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) Coronary Atherosclerosis 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.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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	

STATE REGISTRAR

3735681

502240

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.

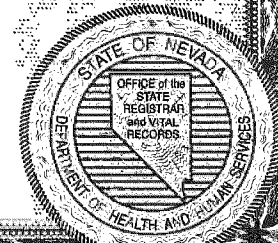
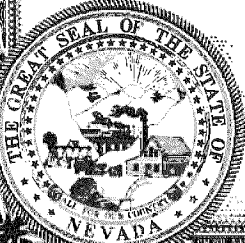
DATE ISSUED:

10/09/2013

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

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

RVS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit A

PARCEL 2, AS SHOWN ON THE PARCEL MAP FOR NEVADA CARSON INC. NO. 2 RECORDED IN THE OFFICE OF THE COUNTY RECORDER, DOUGLAS COUNTY, NEVADA ON DECEMBER 2, 1988, IN BOOK 1288, PAGE 139, AS DOCUMENT NO. 191827.

BEING A PORTION OF THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 SECTION 33, TOWNSHIP 14 NORTH, RANGE 20 EAST, M.D.B.&M.

Being the same property conveyed to Ronald M. Santi and Nancy A. Santi, husband and wife, as joint tenants, with rights of survivorship from William J. Rankin and Gayle L. Rankin, husband and wife by Grant, Bargain, Sale Deed dated July 10, 1989 and recorded July 12, 1989 among the Land Records of Douglas County, State of Nevada in Book 789, Page 1010 Instrument No. .

Tax Account #: 1420-33-101-010