

DOUGLAS COUNTY, NV

2022-983577

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\$40.00

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04/11/2022 02:30 PM

TICOR TITLE - GARDNERVILLE

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Janet Osalvo
840 Russell Way
Gardnerville, NV 89460

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. 2201526-RLT

APN No.: 1220-16-810-016

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

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

That John David Osalvo the decedent mentioned in the attached copy of the Certificate of Death, is the same person as John D Osalvo named as one of the Grantees in that certain Deed from Stephen R Volk and Therese S Volk, husband and wife to John D Osalvo and Janet Osalvo husband and wife as joint tenants with right of survivorship recorded in Book 0399 as Instrument No. 0463973, on March 23rd 1999 of Official Records of Douglas County, Nevada, covering the following described property.

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

Lot 16 in Block E as said lot and block are shown on the map of GARDNERVILLE RANCHOS UNIT NO. 4, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 10, 1967 in Map Book 1, Page 55, Filing No. 35914

Dated: 4/5/22

Janet Osalvo
Janet Osalvo

STATE OF NEVADA } SS:
COUNTY OF DOUGLAS

This instrument was acknowledged before me on 4.5.2022,
by Janet Osalvo

Shawna Kennedy
NOTARY PUBLIC

 SHAWNA KENNEDY
Notary Public - State of Nevada
Appointment Recorded in Lyon County
No: 22-6642-12 - Expires December 1, 2025

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4201854

CERTIFICATE OF DEATH

2021006299
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) John David OSALVO		2. DATE OF DEATH (Mo/Day/Year) March 10, 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 number) 840 Russell Way		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White, Filipino		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 69		7b. UNDER 1-YEAR MOS 69		7c. UNDER 1 DAY HOURS 69	
8. DATE OF BIRTH (Mo/Day/Yr) September 08, 1951		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) Janet CREZEE	
13. SOCIAL SECURITY NUMBER ██████████ 6137		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Self Employed		14b. KIND OF BUSINESS OR INDUSTRY Toy Sales	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 840 Russell Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Francisco Fijer OSALVO			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Blanche Helen GLEISS		
18a. INFORMANT- NAME (Type or Print) Janet OSALVO		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 840 Russell Way 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 (Of Person Acting as Such) LYLE P MEYER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Creations 1600 Buckeye Rd Minden NV 89423	
20a. SIGNATURE AUTHENTICATED					
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) DOUGLAS VACEK DO			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 10, 2021			22b. DATE SIGNED (Mo/Day/Yr)		
21c. HOUR OF DEATH 08:55			22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22e. PRONOUNCED DEAD AT (Hour)		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Douglas Vacek DO 850 6th Street Lovelock, NV 89419				23b. LICENSE NUMBER 1125	
24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 11, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
24a. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) Cardiac Arrest					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Electrolyte Imbalance					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Metastatic Hepatocellular Carcinoma					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Hepatitis C					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				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	



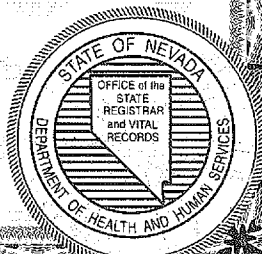
CERTIFIED COPY OF VITAL RECORDS

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: **3/15/2021**

Janet Crezee
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE