


This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).


Lisa Vaclavicek

APN: 1318-10-411-002

RECORDING REQUESTED BY:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

WHEN RECORDED MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway #860
Reno, Nevada 89521

MAIL TAX STATEMENTS TO:

JULIE CANEPA
P.O. Box 11335
Zephyr Cove, NV 89448

AFFIDAVIT OF DEATH OF JOINT TENANT

I, JULIE CANEPA, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) That I am the spouse and sole surviving joint tenant of EUGENE CLEVELAND CANEPA.
- (2) That by a Deed dated July 29, 2021, a joint tenancy was created between EUGENE CLEVELAND CANEPA and JULIE CANEPA, husband and wife, recorded as Document No. 2021-971964 on August 3, 2021 in the Official Records of Douglas County, Nevada.
- (3) That the property subject to joint tenancy is described in Exhibit "A" attached.

(4) That EUGENE CLEVELAND CANEPA died on June 07, 2022, in Reno, Washoe County, Nevada. A certified copy of the death certificate is attached hereto as Exhibit "B."

Executed on this 7th day of November, 2022, at Reno, Nevada.


JULIE CANEPA

STATE OF NEVADA)
 ss:
COUNTY OF WASHOE)

SUBSCRIBED AND SWORN TO before me by JULIE CANEPA this 7th day of November, 2022.


Notary Public

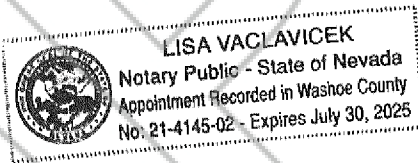


Exhibit "A"

Legal Description:

Lot 1 as shown on the map of ZEPHYR HEIGHTS, NO. 6, filed for record in the Office of the County Recorder of Douglas County, Nevada, on October 30, 1963, as Document No. 12747.

Together with that portion of Lot 14 of "Zephyr Heights No. 6 Subdivision" as shown by map thereof filed October 30, 1963, Document No. 23747, Douglas County, Nevada Records, lying within Section 10, Township 13 North, Range 18 East, M.D.B.&M., Douglas County, Nevada and described as follows:

Beginning at the most Southerly corner of Lot 1 in "Zephyr Heights No. 6 Subdivision" as shown by map thereof filed October 30, 1963, Document No. 23747, Douglas County, Nevada Records, said point being on the Northerly right-of-way line of Lookout road (25.00 feet wide); thence along a curve concave to the Southeast with a radius of 30 feet, a central angle of $13^{\circ}46'13''$, and an arc length of 7.21 feet, the chord of said curve bears South $55^{\circ}31'09''$ West 7.20 feet; thence North $65^{\circ}00'00''$ West 78.96 feet; thence North $67^{\circ}23'00''$ East 8.39 feet; thence South $65^{\circ}00'00''$ East 76.96 feet to the Point of Beginning.

Reference is hereby made to Lot Line Adjustment Map recorded May 22, 1992, in Book 592, Page 3872 as Document No. 279281, Official Records of Douglas County, Nevada.

Per NRS 111.312- The Legal Description above appeared previously in that Grant, Bargain, Sale Deed recorded on August 3, 2021, as Document No. 2021-971964 in Douglas County Records, Douglas County, Nevada.

APN: 1318-10-411-002

Property Address: 671 Lookout Road, Zephyr Cove, NV 89448

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4288101

CERTIFICATE OF DEATH

2022014118
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

Cremation

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) Eugene Cleveland CANEPA		2. DATE OF DEATH (Mo/Day/Year) June 07, 2022		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 78	
9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
13. SOCIAL SECURITY NUMBER [REDACTED]-5369		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Night Club	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
15d. STREET AND NUMBER 671 Lookout Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Julie PATINO	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Louis CANEPA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Eva SIRI		
18a. INFORMANT- NAME (Type or Print) Julie CANEPA			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 270 Lake Street Reno, Nevada 89501		
19a. BURIAL, CREMATION, REMOVAL OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD522		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations - O'Brien-Rogers 600 W Second Reno NV 89503	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SAMANTHA L THOMSEN APRN					
21b. DATE SIGNED (Mo/Day/Yr) June 10, 2022		21c. HOUR OF DEATH 00:25		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Samantha L Thomsen APRN 1155 Mill Street Reno, NV 89502			23b. LICENSE NUMBER APRN842537		
24a. REGISTRAR (Signature) CARMEN M MENDOZA		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 13, 2022		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				Interval between onset and death	
(a) Acute Respiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Bilateral Pulmonary Embolism					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Obstructive Jaundice					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Cholangiocarcinoma					
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	

000469364 **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

SIGNATURE AUTHENTICATED

DATE ISSUED:

6/14/2022

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

