

A.P.N. 1420-27-801-006

Recording Requested By:
When Recorded Return to:

Lori Curtis
1563 Steve Court
Minden, NV 89423

Mail Tax Information to:

Same as above



SHAWNYNE GARREN, RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANT

Lori Curtis, of legal age, daughter of decedent named below, first being duly sworn, deposes and says:

That Armando C. Salinas, the decedent mentioned in the attached certified copy of Certificate of Death, who died on September 28, 2023, at Minden, Nevada, is the same person as Armando C. Salinas named on the Joint Tenancy Deed as executed by Raymond M. Smith to Armando C. Salinas and Betty A. Salinas, husband and wife, as joint tenants with right of survivorship recorded as Document #01000672GG of Official Records of Douglas County, State of Nevada, bounded and described as follows:

Parcel D-4-D3 as set forth on that certain Parcel map No. 7 for RAYMOND M. SMITH filed for record on March 5, 1992 in Book 392, page 641 as Document No. 272598.

A PORTION OF ASSESSMENT PARCEL NO. 21-140-33.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS,

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

Dated: Mar. 18, 2024

Lori Curtis
LORI CURTIS

ACKNOWLEDGMENT

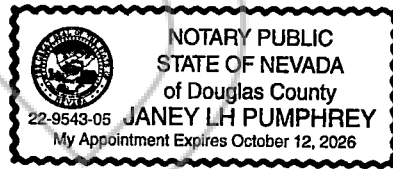
STATE OF NEVADA

Douglas

}
} ss.
}

On March 18, 2024, before me, Janey LH Pumphrey a notary public, personally appeared LORI CURTIS, 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 he or she executed it. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

Janey LH Pumphrey
(Signature of Notary Public)



SEAL

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4373175

CERTIFICATE OF DEATH

2023021559
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) Armando C SALINAS		2. DATE OF DEATH (Mo/Day/Year) September 28, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Home) Home		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify Yes - Mexican	
7a. AGE-Last birthday (Years) 94		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) August 03, 1929	
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) Betty A HARRIS			
13. SOCIAL SECURITY NUMBER ██████████ 2419		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Telephone Company	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER Home		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles SALINAS	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elvira MARTINEZ		18a. INFORMANT- NAME (Type or Print) Lori CURTIS			
18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1563 Steve Court Minden, Nevada 89423				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) NADIA NINA SANDOVAL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD1007		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Cremations 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) B A BOTTENBERG DO 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 03, 2023		21c. HOUR OF DEATH 05:45		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) B A Bottenberg DO 4095 North Carson Street Carson City, NV 89706			
23b. LICENSE NUMBER DO674		24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 04, 2023		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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Atherosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF: (d) Mixed Hyperlipidemia				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. Hypertension				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) NATURAL			
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

VRS-Rev-20120523a



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:

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

