DOUGLAS COUNTY, NV Rec:\$40.00

2024-1011715

08/30/2024 04:55 PM

Pgs=3

Total:\$40.00 NANCY REY JACKSON

SHAWNYNE GARREN, RECORDER

Assessor's Parcel Number: 1220-04-513-007

Recording Requested and Mail Tax Statements to:

Jose Antonio Iturri 6230 E Monterosa St. Scotsdale, AZ 85251

I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law.

(State specific law):

NRS 440.090 Requisites of certificates.

NRS 440.380(1)(a) Medical certificate of death: Signature; contents

NRS 40.525(5) Death certificate attached to affidavit

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
)
COUNTY OF DOUGLAS)

1. Jose Antonio Iturri, of legal age, being duly sworn, deposes and says:

Aurora Iturri, the decedent mentioned in the attached certified copy of Certificate of Death, was, until her death, and is the same person as Aurora Iturri, named as one of the parties in that certain quitclaim deed by and between Aurora Iturri and Jose Antonio Iturri, as joint tenants with rights of survivorship, and recorded as Document # 0768465 on 8/11/2010, Official Records of Douglas County, State of Nevada, being Assessor's Parcel Number 1220-04-513-007, concerning the real property located at 1389 Waterloo Lane, Gardnerville, NV 89410, and specifically described as follows:

LOT 10, AS SHOWN ON THE FINAL MAP OF CARSON VALLEY ESTATES SUBDIVISION UNIT NO. 5, FILED FOR RECORD IN THE OFFICE OF COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON AUGUST 11, 1972, AS DOCUMENT NO. 61096.

APN 1220-04-513-007

That this affidavit is executed and recorded for the purposes of terminating the

interest of said AURORA ITURRI in and to the real property described herein

Dated this $\frac{23}{}$ day of August, 2024.

JOSE ANTONIO ITURRI

STATE OF NEVADA

COUNTY OF DOUGLAS

On this day of August, 2024, personally appeared before me, a Notary Public, Jose Antonio Iturri, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that she executed the above instrument.

NOTARY PUBLIC

CARRIE M. JOHNSON
Notary Public-State of Nevada
Appointment No. 16-3348-2
My Appointment Expires 08-25-2024



ORIGINAL STATE COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS CERTIFICATE OF DEATH

State File Number 102-2024-041689

	CERTIFICA	TE OF DEAT	л	102-2024-04 1009	
1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX), 2. AKA'S (IF ANY) 3. DATE OF DEATH					
AURORA, , ITURRI				08/06/2024	
4, SEX 5. SOCIAL SECURITY	NUMBER	6. DATE OF BIRTH	7.7	AGE	
FEMALE -9616		06/05/1934	00	YEARS	
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH		00/03/1934		TEARS	
				\ \	
SCOTTSDALE, MARICOPA, 85251 9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY)	VAME/ADDRESS!				
S, FENOL OF BEATTING FACE OF BEATTING FACILITY	(AMILIADONEOO)			\ \ \	
NURSING HOME/LONG TERM CARE - THE					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	11. MARITAL STATUS		12, NAME OF SURVIVING SPOUSE LAST, SUFFIX)	PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE,	
LINTZOAIN, SPAIN	WIDOWED	l N	IOT LISTED		
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, C	COUNTY, STATE, ZIP)	-			
6001 E THOMAS ROAD, SCOTTSDALE, MA	RICOPA AZ 85251				
14. DECEDENT'S HISPANIC ORIGIN(S):	15. DECEDENT'S RACE(S)	7	16.	EVER IN ARMED FORCES	
			NO		
				OCCUPATION	
SPANISH	WHITE (но	MEMAKER	
18: FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX)	U.F.V.E	19. MOTHER'S NA	ME PRIOR TO FIRST MARRI	AGE (FIRST, MIDDLE, LAST, SUFFIX)	
ANTONIO, , URRUTIA	1	MARCARITA	AZCARATE, ELIZALDI	E	
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX)		IMARGARITA,	AZCARATE, ELIZALUI	21. RELATIONSHIP	
			\ / /		
JOSÉ, ANTONIO, ITURRI 22. INFORMANT'S MAILING ADDRESS			<u> </u>	SON	
22. INFORMANT S MAILING ADDRESS		1			
6230 E MONTEROSA STREET, SCOTTSDA	LE, AZ, 85251	<u> </u>			
23. NAME AND ADDRESS OF FUNERAL FACILITY OF RESPONSIB MESSINGER INDIAN SCHOOL MORTUARY		24. FUNERAL DIREC	TOR'S NAME OR RESPONSIBLE F	PERSON 25. LICENSE NUMBER	
7601 E INDIAN SCHOOL ROAD, SCOTTSD.	ALE, AZ, 85251	MARLEY, G.,	SAGE	FDL-001574	
26. METHOD(S) OF DISPOSITION 27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY 28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY					
EASTSIDE MEMORIAL PARK, REMOVAL/BURIAL MINDEN, NV, US					
	CAL CERTIFICATION SI	ECTION CAUSE C	F DEATH PART I		
29. A. IMMEDIATE CAUSE OF DEATH		\	\	30. APPROXIMATE INTERVAL	
SENILE DEGENERATION OF THE BRAIN		\		UNKNOWN	
31. B. DUE TO OR AS A CONSEQUENCE OF:	•			32. APPROXIMATE INTERVAL	
33. C. DUE TO OR AS A CONSEQUENCE OF:			+	34, APPROXIMATE INTERVAL	
			/		
35. D. DUE TO OR AS A CONSEQUENCE OF:		_/_/	<u></u>	36. APPROXIMATE INTERVAL	
SS. B. BSE TO GRAD A CONSEQUENCE OF					
	233 157 152				
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE D		DEATH PART II HE 38. INJURY?	39 INJURY AT WORK?	40. MANNER OF DEATH	
UNDERLYING CAUSE GIVEN IN PART I:	EXTERIOR RESTREEDED IN THE	de: integration	SSGITT TO THE		
	n.	NO		NATURAL DEATH 43. WERE AUTOPSY FINDINGS AVAILABLE	
\		41. TIME OF D	EATH 42. WAS AN AUTOPSY PERFORMED?	TO COMPLETE THE CAUSE OF DEATH?	
\		02:22	NO	<u> </u>	
CAUSE AND MANNER CERTIFICATION 45. DATE CERTIFIED 45. DATE CERTIFIED					
TO THE BEST OF MY KNOWLEDGE, THE	IE OF PERSON COMPLETING CA	USE OF DEATH		45. DATE CERTIFIED	
INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER KATY, , LOCKHART		08/06/2024			
46. CERTIFIER'S ADDRESS					
1510 E FLOWER STREET #BLDG 2, PHOENIX, AZ, 85014					
Date Registered: 08/07/2024 VS-49 Rev. 12/2017					

This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA. Revised 07/2016

KRYSTAL COLBURN ASSISTANT STATE REGISTRAR

ARIZONA DEPARTMENT OF HEALTH SERVICES

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.