

FILED FOR RECORDING
AT THE REQUEST OF

Gary D. Fairman

2005 AUG 2 AM 9 49

LINCOLN COUNTY RECORDER,
FEE 17.00 DEP
LESLIE BOUCHER

RECORDATION REQUESTED BY:

GARY D. FAIRMAN, ESQ.
Attorney at Law
P. O. Box 151105
Ely, Nevada 89315

Telephone No.: 775.289.4422

RE: AFFIDAVIT IN RE SALVATORE J. CAMMARANO TERMINATION OF JOINT
TENANCY (NRS 111.365)

COPY

SEND RECORDED DOCUMENT TO:

GARY D. FAIRMAN, ESQ.
P. O. Box 151105
Ely, Nevada 89315

AFFIDAVIT IN RE SALVATORE J. CAMMARANO

TERMINATION OF JOINT TENANCY (NRS 111.365)

STATE OF NEVADA,)
 : ss.
County of Lincoln.)

BARBARA CAMMARANO, also known as BARBI CAMMARANO, being first duly sworn, deposes and says:

That affiant is the wife of SALVATORE J. CAMMARANO, Deceased. That Decedent died on the 6th day of September, 2004. That a certified copy of the Death Certificate is attached hereto as Exhibit "A".

That during the lifetime of said Decedent, certain real property was acquired in joint tenancy wherein SALVATORE J. CAMMARANO and BARBI CAMMARANO were the Grantees. That under the laws of the State of Nevada, upon the death of SALVATORE CAMMARANO, the title and ownership of said real property became vested in BARBI CAMMARANO, as the surviving joint tenant. That said real property was acquired by a Deed dated the 7th day of April, 1997, wherein BOYD BROWN, a married man dealing with his sole and separate property, was the Grantor, and SALVATORE J. CAMMARANO and BARBI CAMMARANO were the Grantees.

.....

That said Deed was recorded in Book 128, Page 574,
Lincoln County Records.

That the real property conveyed therein, in joint
tenancy, is more particularly described as follows, to-wit:

All of Lot 17, and the North 1.3 feet of Lot
18, Block 32, of the Town of Pioche, according
to the official map thereof, filed in the
Office of the County Recorder of Lincoln
County, Nevada.

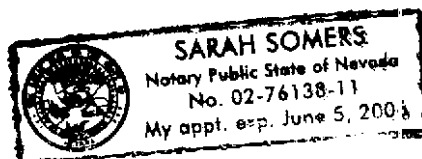
The South 15.8 feet of Lot 18, and all of Lot
19, Block 32, of the Town of Pioche, according
to the official map thereof, filed in the
Office of the County Recorder of Lincoln
County, Nevada. Said plot of ground being
approximately 27.8 feet fronting on main
street and approximately 100 feet deep.

That by reason of the foregoing, affiant hereby declares
that the title and interest of SALVATORE J. CAMMARANO, Deceased, in
the above-described real property has vested in BARBI CAMMARANO in
fee simple, and that BARBI CAMMARANO is the sole and absolute owner
thereof, together with the tenements, hereditaments, and
appurtenances, thereunto belonging or appertaining, and the
reversion and reversions, remainder and remainders, rents, issues
and profits thereof.


BARBARA CAMMARANO, also known
BARBI CAMMARANO

SUBSCRIBED AND SWORN to before me
this 29th day of June, 2009.


NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS
STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
	1. Salvatore John CAMMARANO Jr.		2. September 6, 2004		3a. Lincoln		COUNTY OF DEATH	
PRECEDENT	3b. Caliente		3c. Grover C. Dils Medical Center		3a. Emergency Room		4. Male	
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthdays (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. White		6. 7a. 51		7b. : : 7c. : :		8. September 12, 19	
	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
PARENTS	9a. California		9b. U.S.A.		10. 11. Married		SURVIVING SPOUSE (If wife, give maiden name)	
	13. [Redacted]		14a. Owner/Operator		14b. Restaurant		11. Betty B. Williams	
RESIDENCE	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
	15a. Nevada		15b. Lincoln		15c. Pioche		15d. 97 Main Street	
FATHERS	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		16. Salvatore John Cammarano Sr.		17. Helen Louise Russell	
	18a. Betty B. Cammarano		18b. P.O. Box 486 Pioche, Nevada 89043		INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or town State		19a. Cremation / Removal	
	19b. Cremation Center of St. George		19c. St. George, Utah		FUNERAL DIRECTOR (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
CERTIFIER	20a. [Signature]		20b. 15		20c. 730 Front Street Caliente, Nevada 89008		NAME AND ADDRESS OF FACILITY	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. 09-07-04		21c. 2310		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) and manner stated.	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)	
CAUSE OF DEATH	23a. Shailendra Singh, M.D.; P.O. Box 1010 Caliente, NV 89008		23b. 9978		24a. (Signature)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
	24b. 09-07-04		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		26. Interval between onset and death	
CAUSE OF DEATH	PART I (a) Cardiorespiratory Arrest		DUE TO, OR AS A CONSEQUENCE OF:		PART II (b) Coronary Artery Disease		DUE TO, OR AS A CONSEQUENCE OF:	
	PART I (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		27. No		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
CAUSE OF DEATH	28a. ACC, SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
	28b. 28c. M 28d.		28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
CAUSE OF DEATH	28g.		28h.		28i.		28j.	

STATE REGISTRAR

No. 269882

15242

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:

SEP 21 2004

STATE REGISTRAR

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

BOOK 204 PAGE 287

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

