

Official Record

Recording requested By
CHARLOTTE M. VITTO

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: LB
Book- 312 Page- 0190



0152200

After recording please return to:)
 Name: CHARLOTTE M. MAROOSIS)
 Address: 1342 OWAKA ST.)
 City, State, Zip: WAILUKU, HI 96793)
 Phone: (808) 633-4959)
 Assessor's Parcel Number: LOT 24 OF BLK 041)
 013-041- HIGHLAND KNOLLS)
 19 LINCOLN COUNTY)
 NEVADA)

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AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

State of NEVADA)
County of LINCOLN)

CHARLOTTE M. MAROOSIS, being first duly sworn, deposes and states:

- I, the undersigned Affiant, am over the age of 21 years and competent to be a witness as to the matter hereinafter stated. I declare that I have knowledge of the facts stated herein.
- I am CHARLOTTE M. TILLMAN, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on FEB. 19, 1995, as Document No. 56268, in Book "A", Page(s) 100, of the Official Records in the Office of the County Recorder in Lincoln County, Nevada.
- The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as TBD, and described as follows: LOT 24 BLK 041 OF HIGHLAND KNOLLS, CALIENTE SUBDIVISION AS SHOWN BY MAP THEREOF ON FILE IN BOOK "A" OF PLATS, PAGE 100, LINCOLN COUNTY NEVADA.



4. ROBERT VITTO, (the Decedent) was one of the Grantees named in said Deed, and is the Decedent in the attached certified Death Certificate. The date and place of the Decedent's death are set forth in the death certificate and incorporated herein by this reference.
5. The Decedent was my FIANCE.
6. This affidavit is made for the purpose of terminating the joint tenancy between myself and the Decedent in the described property, said title now vesting in me CHARLOTTE M. MARCOOSIS, as sole owner.

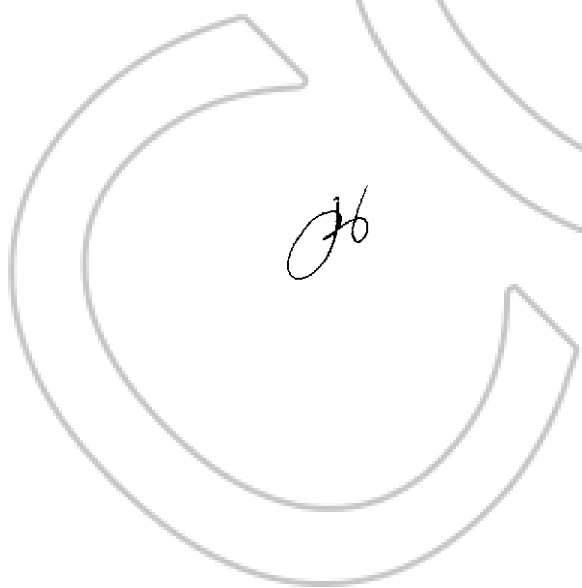
DATED this 14th day of June, 2017.

Charlotte M. Marcosis
 Affiant

Subscribed and (Sworn) to before me on this
14th day of June, 2017 by
CHARLOTTE M. MARCOOSIS
P. Olive Allen

Notary Public Brenda A. Chong
 My Commission exp. 11/27/2017

NOTARY PUBLIC CERTIFICATION
 Brenda A. Chong Second Judicial Circuit
 Doc. Description: Affidavit Termination Joint Tenancy
 No. of Pages: Four Date of Doc. 6/14/2017
 Notary Signature: [Signature] Date



[Signature]



STATE OF CALIFORNIA
OFFICE OF VITAL RECORDS

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052010062283

CERTIFICATE OF DEATH

3201019018333

| | | | | | |
|---|--|--|--|---|--|
| STATE FILE NUMBER 3052010062283 | | STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (S-1 MREV 3/05) | | LOCAL REGISTRATION NUMBER 3201019018333 | |
| 1. NAME OF DECEDENT - FIRST (Given) ROBERT | | 2. MIDDLE HERMAN | | 3. LAST (Family) VITTO | |
| AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) | | 4. DATE OF BIRTH mm/dd/yyyy 03/10/1936 | | 5. AGE Yrs. 74 | |
| 9. BIRTH STATE/FOREIGN COUNTRY CA | | 10. SOCIAL SECURITY NUMBER [REDACTED] | | 11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 13. EDUCATION - Highest Level of Degree (See worksheet on back) HS GRADUATE | | 14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 12. MARITAL STATUS/SRDP* (at Time of Death) DIVORCED | |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED BUSINESS OWNER | | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) NURSERY AND SALT LAMPS AND JEWELRY | | 7. DATE OF DEATH mm/dd/yyyy 05/01/2010 | |
| 20. DECEDENT'S RESIDENCE (Street and number, or location) 1709 CHEROKEE LN | | 21. CITY LAS VEGAS | | 22. COUNTY/PROVINCE CLARK | |
| 23. ZIP CODE 89169 | | 24. YEARS IN COUNTY 49 | | 25. STATE/FOREIGN COUNTRY NV | |
| 26. INFORMANT'S NAME, RELATIONSHIP VALERIE VITTO, DAUGHTER | | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 8911 HANNA AVE, WEST HILLS, CA 91304 | | | |
| 28. NAME OF SURVIVING SPOUSE/SRDP - FIRST DAVID | | 29. MIDDLE - | | 30. LAST (BIRTH NAME) VITTO | |
| 31. NAME OF FATHER/PARENT - FIRST DAVID | | 32. MIDDLE - | | 33. LAST VITTO | |
| 35. NAME OF MOTHER/PARENT - FIRST SYLVIA | | 36. MIDDLE - | | 37. LAST (BIRTH NAME) BOUSHA | |
| 38. DISPOSITION DATE mm/dd/yyyy 05/11/2010 | | 40. PLACE OF FINAL DISPOSITION RESIDENCE: VALERIE VITTO 8911 HANNA AVE, WEST HILLS, CA 91304 | | | |
| 41. TYPE OF DISPOSITIONS CR/RES | | 42. SIGNATURE OF EMBALMER NOT EMBALMED | | 43. LICENSE NUMBER - | |
| 44. NAME OF FUNERAL ESTABLISHMENT AFTERCARE CREM & BURIAL SERV. | | 45. LICENSE NUMBER FD 1992 | | 46. SIGNATURE OF LOCAL REGISTRAR JONATHAN FIELDING, MD | |
| 47. DATE mm/dd/yyyy 05/10/2010 | | | | | |
| 101. PLACE OF DEATH DAUGHTER'S RESIDENCE | | 102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/ICP <input type="checkbox"/> DOK | | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ATC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other | |
| 104. COUNTY LOS ANGELES | | 106. FACILITY ADDRESS OR LOCATION (WHERE FOUND) (Street and number, or location) 8911 HANNA AVE | | 108. CITY WEST HILLS | |
| 107. CAUSE OF DEATH Enter the chain of events - disease, injury, or complication - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIOPULMONARY ARREST | | Time Interval Between Death and Death? (#) MIN WEEKS | | 109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) RENAL CANCER WITH METASTASIS LYMPH NODES | | 109. BOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE | | | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN 107A, 107B, OR 112? (If yes, list type of operation and date) NO | | 113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | | |
| 114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/yyyy (A) 04/03/2010 Decedent Last Seen Alive mm/dd/yyyy (B) 05/01/2010 | | 115. SIGNATURE AND TITLE OF CERTIFIER BABAK ROOZROKH M.D. | | 116. LICENSE NUMBER A81646 | |
| 117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE BABAK ROOZROKH M.D. | | 117. DATE mm/dd/yyyy 05/08/2010 | | | |
| 118. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined | | 120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | 121. INJURY DATE mm/dd/yyyy | |
| 122. HOUR (24 Hours) | | | | | |
| 123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) | | | | | |
| 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) | | | | | |
| 125. LOCATION OF INJURY (Street and number, or location, and city, and zip) | | | | | |
| 126. SIGNATURE OF CORONER / DEPUTY CORONER | | 127. DATE mm/dd/yyyy | | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER | |
| | | | | | |
| STATE REGISTRAR | | A B C D E | | FAX AUTH.# | |
| | | | | CENSUS TRACT | |

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



* HD 1857897 *

Jonathan E. Fielding MD DATE ISSUED
Director of Public Health and Registrar

MAY 14 2010



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE