

APN 013-160-36
013-160-37

Return document to John G. Gubler
10655 Park Run Drive
Las Vegas, NV 89144

Send tax statements to Joseph N. Rossi
Grantee's Address P.O. Box 1061
Caliente, NV 89008

LINCOLN COUNTY, NV 2019-156298
Rec:\$35.00
Total:\$35.00 05/30/2019 02:16 PM
JOHN G. GUBLER Pgs=3 KE



OFFICIAL RECORD
AMY ELMER, RECORDER

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
COUNTY OF LINCOLN) ss:

JOSEPH N. ROSSI, being first duly sworn, deposes and says:

1. Your affiant is over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter set forth.

2. ARLENE FRANCIS ROSSI, Deceased, the Decedent mentioned in the certified copy of Certificate of Death attached hereto as Exhibit "A" and incorporated herein by reference as though fully set forth, is the same person as ARLENE F. ROSSI, one of the parties named in that certain Grant, Bargain and Sale Deed dated April 16, 2001, executed by GARY A. CARRIGAN, Trustee of the 5C Trust – said Grant, Bargain and Sale Deed being recorded on April 19, 2001, as Book No. 154, Page 317, Instrument No. 116219 of Official Records of the Lincoln, Nevada, Recorder covering the following real property, to wit:

Parcel Nos. 1 and 2 as shown on Parcel Map for Gary A. Carrigan filed in the Office of the County Recorder, Lincoln County, in Book B of Plats at Page 110 as File No. 110953 and Amended May 18, 1999, in Book B, Page 221 of Plats as File No. 112817, located in a portion of the SE 1/4 of Section 11, Township 3 South, Range 67 East, M.D.B.&M.

More commonly known as 6552 Lloyd Ct., Caliente, Nevada, and 6636 Greasewood Court, Caliente, Nevada.

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3. That your affiant, JOSEPH N. ROSSI, is the ex-husband of the Deceased, ARLENE F. ROSSI a.k.a. ARLENE FRANCIS ROSSI.

FURTHER affiant sayeth naught.

DATED this 15 day of May, 2019.

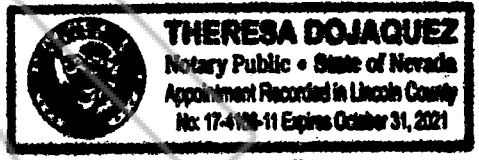
Joseph N. Rossi
JOSEPH N. ROSSI

STATE OF NEVADA)
) ss:
COUNTY OF LINCOLN)

On this 15th day of May, 2019, personally appeared before me, a Notary Public in and for said County and State, JOSEPH N. ROSSI, known to me (or proved to me upon presentation of satisfactory evidence) to be the person whose name is subscribed to and who acknowledged that he executed the above and foregoing Affidavit Terminating Joint Tenancy.

WITNESS my hand and official seal.

Theresa Dojaquez
NOTARY PUBLIC



(Notary seal)

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — VITAL STATISTICS

CERTIFICATE OF DEATH

2010019530

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEASED

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) Arlene Francis ROSSI		2. DATE OF DEATH (Mo/Day/Year) December 19, 2010		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Nathan Adelson Hospice		3e. If Hosp: or inst. indicate DOA,OP,Emer: Rm: Inpatient(Specify) Hospice Facility (HFS)	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 02, 1941		9a. STATE OF BIRTH (If not U.S.A. name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 4723 Mountain Valley Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Louis MONACO	
17. MOTHER - NAME (First Middle Last Suffix) Angelene TUNIS		18a. INFORMANT- NAME (Type of Print) Linda ROSSI		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 6537 Jenny Lake Avenue Las Vegas, Nevada 89110	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Desert Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRIS WALTERS		20b. FUNERAL DIRECTOR LICENSE 64		20c. NAME AND ADDRESS OF FACILITY Desert Memorial Cremation and Burial 1111 Las Vegas Blvd N Las Vegas NV 89101	
20a. SIGNATURE AUTHENTICATED					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated... (Signature & Title) NED STOUGHTON MD		21a. SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) December 28, 2010		21c. HOUR OF DEATH 02:20			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
22a. PRONOUNCED DEAD (Mo/Day/Yr)		22b. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print) NED STOUGHTON MD 4141 Swenson Street Las Vegas, NV 89119		23b. LICENSE NUMBER 10960			
24a. REGISTRAR (Signature) SUSAN ZANNIS		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 29, 2010		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) Esophageal cancer, stage 4 DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Years			
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d) DUE TO, OR AS A CONSEQUENCE OF:		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.		26. AUTOPSY (Specify Yes or No) NO		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)			
28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28g. LOCATION			

STATE REGISTRAR

Exhibit A

VRS-Rev-20100215

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the

State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics

By: *[Signature]*

Date Issued: JAN 03 2011