

LINCOLN COUNTY, NV

2022-161915

\$37.00

Rec:\$37.00

02/09/2022 10:31 AM

GOICOECHEA, DI GRAZIA, COYLE & STANTON, LLC

OFFICIAL RECORD

AMY ELMER, RECORDER

APN: 010-111-05

**Recording Requested By  
and Return to:**

Goicoechea, Di Grazia,  
Coyle & Stanton, Ltd.  
530 Idaho Street  
Elko, NV 89801

**Mail tax statement to:**

Julie M. Cardinalli  
1480 Bermuda Circle  
Reno, Nevada 89509

Affirmation: This document **DOES**  
contain the social security number  
of any person, NRS 239B.030.

**AFFIDAVIT TERMINATING JOINT TENANCY WITH RIGHT OF SURVIVORSHIP**

STATE OF NEVADA            )  
  ) ss.  
COUNTY OF WASHOE        )

**JULIE M. CARDINALLI**, 1480 Bermuda Circle, Reno, Nevada 89509, being first duly sworn, according to law, deposes and says:

1. That she is the surviving joint tenant of **JOHN L. CARDINALLI**, deceased, and makes this Affidavit to vest title in **JULIE M. CARDINALLI**, the surviving joint tenant of **JOHN L. CARDINALLI**.

2. That the above-named individuals acquired the following described property as joint tenants, by the certain Deed dated September 22, 1981, and recorded in the Office of the County Recorder, Lincoln County, Nevada, on September 22, 1981 as File Number 73595, Book 46, Page 502, said property being located in the County of Lincoln, State of Nevada, and being more particularly described as follows:

Lot 12 in Block 8 of Lincoln Estates Subdivision #2.

TOGETHER WITH all and singular the tenements, hereditaments, easements, and appurtenances thereunto belonging or in anywise appertaining, and the reversions, remainders, issues and profits thereof, or of any part thereof.

SUBJECT TO All taxes and assessments, reservations charges and licenses affecting the property of record.

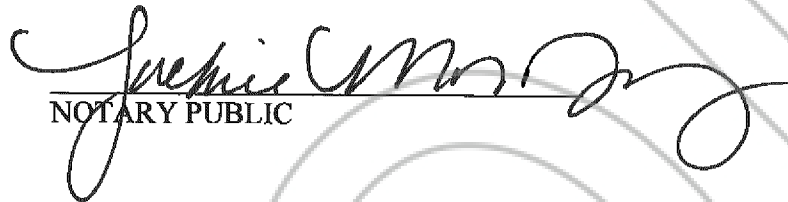
3. That **JOHN L. CARDINALLI**, being the person described in the foregoing Deed as a Grantee and joint tenant, died in the State of Nevada, County of Carson City, City of Carson City, on the 11<sup>th</sup> day of November, 2015. That a certified copy of the Death Certificate of **JOHN L. CARDINALLI** is attached to this Affidavit as Exhibit "A" and made a part hereof.

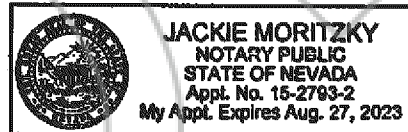
4. That Affiant makes this Affidavit for recording and for the purpose of terminating all right, title, interest and estate of said deceased joint tenant, in and to the forgoing described property, and vesting title thereto solely in **JULIE M. CARDINALLI**, as the surviving joint tenant.

DATED this 17 day of Jan, 2022.

  
**JULIE M. CARDINALLI**

SUBSCRIBED and SWORN to before me  
on this 17<sup>th</sup> day of January, 2022,  
**JULIE M. CARDINALLI**.

  
NOTARY PUBLIC



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**CERTIFICATE OF DEATH**

2015019815  
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) <b>John Lynn CARDINALLI</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 11, 2015</b>		3a COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c HOSPITAL OR OTHER INSTITUTION - Name (if not earlier, give street or apartment) (Specify) <b>Ormsby Heights</b>		3d Hosp or Inst. Indicate DOA or Emer Rm Inpatient (Specify) <b>Assisted Living</b>	
5. RACE: White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) <b>81</b>	
8a STATE OF BIRTH (If not U.S.A.) <b>Nevada</b>		9c. CITIZEN OF WHAT COUNTRY? <b>United States</b>		10 EDUCATION <b>16</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12 SURVIVING SPOUSE (Maiden name) <b>Julie MOORE</b>		4 SEX <b>Male</b>	
13 SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
<b>Investor</b>		<b>Financial</b>		Ever in US Armed Forces? <b>No</b>	
15a RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Carson City</b>		15c CITY, TOWN OR LOCATION <b>Carson City</b>	
15d STREET AND NUMBER <b>1041 Longview Way</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>John Anthony CARDINALLI</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Hilda SIGURDSON</b>		
18a. INFORMANT - NAME (Type or Print) <b>Julie M CARDINALLI</b>		18b MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>1041 Longview Way Carson City, Nevada 89703</b>			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c LOCATION City or Town State <b>Sparks Nevada 89431</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>		20b FUNERAL DIRECTOR LICENSE NUMBER <b>304R</b>		20c NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1675 N Lampa Ln Carson City NV 89701</b>	
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>NITA SCHWARTZ M.D.</b>			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) <b>November 18, 2015</b>			22b DATE SIGNED (Mo/Day/Yr)		
21c HOUR OF DEATH <b>15 50</b>			22c HOUR OF DEATH		
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d PRONOUNCED DEAD (Mo/Day/Yr)		
22e PRONOUNCED DEAD AT (Hour)					
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>				23b LICENSE NUMBER <b>9114</b>	
24a REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>			24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 18, 2015</b>		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) <b>Parkinsons Disease</b> Interval between onset and death:					
(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 I				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
28a ACC, SUICIDE, HON, UNDET OR PENDING INVEST (Specify)		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

CERTIFIED COPY OF VITAL RECORDS

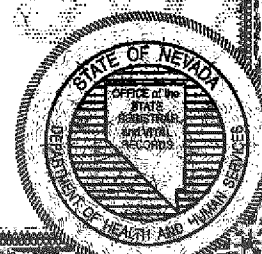
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED.

11/25/2015

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

STATE REGISTRAR  
*[Signature]*  
SIGNATURE AUTHENTICATED



VRS-Rev-20120525

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