

APN: 001-041-01

WHEN RECORDED, RETURN TO:

Kristin M. Tyler, Esq.
GARMAN TURNER GORDON
7251 Amigo Street, Suite 210
Las Vegas, NV 89119



OFFICIAL RECORD
AMY ELMER, RECORDER

MAIL TAX STATEMENTS TO:

Don L. Canepa Jr.
4270 Matter Court
Sparks, NV 89436

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF LINCOLN)

DON L. CANEPA JR., being first duly sworn, deposes and says as follows:

1. I, the undersigned Affiant, am over the age of 21 years and competent to be a witness as to the matters hereinafter stated. I declare that I have knowledge of the facts stated herein.
2. This affidavit relates to the deed recorded on May 11, 1981, as Document No. 1981-072276, in Book 44, Page 198 and to the reconveyance recorded on February 22, 1985, as Document No. 1985-082157, in Book 64, Page 483 of the Official Records in the Office of the County Recorder of Lincoln County, State of Nevada. The property described in that deed is more particularly described as follows:

Lots numbered Seven (7), Eight (8), Nine (9), Ten (10), Eleven (11), and Twelve (12) in Block numbered Fifty-three (53) in the Town of Pioche, Lincoln County, Nevada; as shown on the official map of the Northeast Addition to the town of Pioche, Nevada.

(Lot 12 is designated on the official map of said Northeast Addition as a plot North of Lot 11 and South of the Section line, and southeast of the Eaglevalley Highway.)

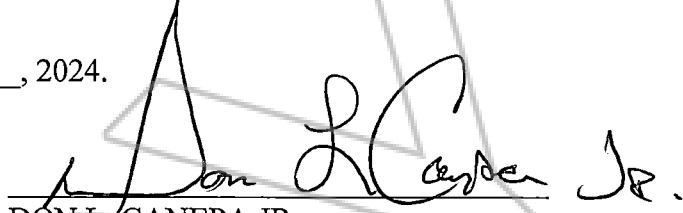
Assessor's Parcel Number: 001-041-01

3. I am the surviving nephew of FLORENCE DOLLY CANEPA ("the decedent") who died on May 17, 2004 in Pioche, Nevada. A certified copy of her death certificate is

attached hereto as **Exhibit 1**. The decedent was one of the Grantees and named in said Deed and Reconveyance.

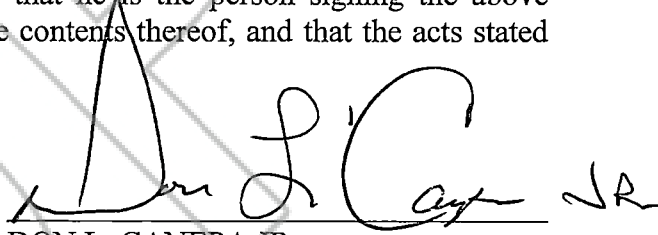
4. This affidavit is made for the purpose of terminating the joint tenancy between Affiant and the aforementioned decedent in the within described property, said title now vesting solely in DALE LEE CANEPA, an unmarried man.

Dated this 4 day of April, 2024.



DON L. CANEPA JR.

STATE OF NEVADA)
) ss:
COUNTY OF Lincoln)

The undersigned, being duly sworn says: that he is the person signing the above document, that he has read the same, and know the contents thereof, and that the acts stated therein are true.


DON L. CANEPA JR.

Subscribed and sworn to or affirmed before me on this 4th day of April, 2024, by DON L. CANEPA JR., personally known to me or proven to me on the basis of satisfactory evidence to be the person who appeared before me.



Notary Public in and for said
County and State

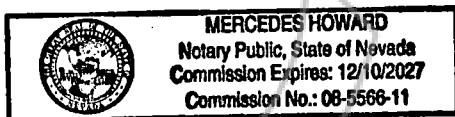


Exhibit 1



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

004718

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			STATE FILE NUMBER		
	1. Florence Dolly CANEPA			2. May 17, 2004		
DECEDENT	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
	3b. Las Vegas		3c. 6700 Buckskin Ave		3a. Clark	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
	4. White		5. 93		6. Female	
PARENTS	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 Birthday (Years)	
	7a. White		7b. 93		7c. Female	
DISPOSITION	STATE OF BIRTH (if not U.S.A.—name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education—Specify highest grade completed	
	8a. Sweden		8b. U.S.A.		8c. 14	
CERTIFIER	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
	9. [REDACTED]		14a. Licensed Practical Nurse / Retired		14b. Nursing	
CAUSE OF DEATH	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
	15a. Nevada		15b. Lincoln		15c. Pioche	
CAUSE OF DEATH	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		STREET AND NUMBER	
	16. Ernest Pansar		17. Julia Ingblem		15d. North Main Street	
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a. George Canepa - Son			18b. 6700 Buckskin Ave., Las Vegas, Nevada 89108		
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
	19a. Burial		19b. Pioche Community Cemetery		19c. Pioche, Nevada	
CAUSE OF DEATH	FUNERAL DIRECTOR'S SIGNATURE (Or Print Name)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
	20a. [Signature]		20b. 58		20c. 7400 W. Cheyenne Rd., Las Vegas, Nevada 89129	
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)			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. (Signature and Title)		
	21b. 5/19/04			22b. [Signature]		
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		PRONOUNCED DEAD (Mo., Day, Yr.)	
	21c. 5/19/04		21d. 5:15 AM		22c. [Signature]	
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Hour)		
	21e. [Signature]			22d. ON		
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)				LICENSE NUMBER	
	23a. Hugh Burt MD 4275 S. Burnham Las Vegas Nevada 89119				23b. 8725	
CAUSE OF DEATH	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
	24a. [Signature]		24b. MAY 20 2004		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART 1 (a) Congestive Heart Failure					
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:					
	(b) Pulmonary Hypertension					
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:					
	(c) Renal Failure					
CAUSE OF DEATH	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.				AUTOPSY (Specify Yes or No)	
	25a. Renal Failure				25b. No	
CAUSE OF DEATH	ACC., SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
	26a. [REDACTED]		26b. [REDACTED]		26c. [REDACTED]	
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		DESCRIBE HOW INJURY OCCURRED	
	28a. [REDACTED]		28b. [REDACTED]		28c. [REDACTED]	
CAUSE OF DEATH	LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE	
	28d. [REDACTED]		28e. [REDACTED]		28f. [REDACTED]	

STATE REGISTRAR

No. 266995

"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 authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **AUG 04 2022**

Registrar of Vital Statistics

By: **[Signature]**

This Copy not valid unless prepared on engraved border, displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-799-1010 • Tax ID #88-0151573

