

1 IN THE MATTER OF THE TERMINATION OF THE JOINT TENANCY INTERESTS  
2 OF TOM PASTORINO, DECEASED, IN AND TO REAL PROPERTY LOCATED IN  
3 EUREKA COUNTY, NEVADA.  
4

5 A F F I D A V I T  
6

7 STATE OF NEVADA )  
8 County of Eureka ) : ss.  
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10 DAVID A. PASTORINO, being first duly sworn, deposes and says:  
11 That he is the son of TOM PASTORINO, deceased, and that the said  
12 TOM PASTORINO died on the 9th day of May, 1978 at Reno, Nevada;

13 That the following described real property is held in Joint  
14 Tenancy with right of survivorship, under Joint Tenancy Deed  
15 dated June 4, 1976, recorded June 14, 1976, Book 55, Page 205  
16 of the official records, No. 61526, Office of the County Recorder,  
17 Eureka County, Nevada:

18 Lot 3, Block 39 C of the town of Eureka, Nevada.

19 TOGETHER with the tenements, hereditaments, and  
20 appurtenances thereunto belonging or appertain-  
21 ing, and the reversion and reversions, remainder  
22 and remainders, rents, issues, and profits  
thereof.

23 That DAVID A. PASTORINO, son of TOM PASTORINO, deceased, is  
24 named as joint tenant with right of survivorship on said Deed;

25 That there is attached hereto a certified copy of the death  
26 certificate of the said TOM PASTORINO, deceased, and by  
27 reference is made a part of this Affidavit;

28 That the above described real property situated in Eureka  
29 County, Nevada is now legally pursuant to Section 40.470, Nevada  
30 Revised Statutes, the property of DAVID A. PASTORINO as joint

1 tenant, with right of survivorship.

2 DATED this 10 day of November, 1978.

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*David A. Pastorno*  
DAVID A. PASTORNO

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7 Subscribed and Sworn to before me

8 this 10<sup>th</sup> day of November, 1978.

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*Danette Hammond*  
Notary Public.

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|--|--|--|--|--|--|
| DECEASED—NAME<br>1 <b>Thomas Telfer PASTORINO</b>  |  | DATE OF DEATH (Mo., Day, Year)<br>2 <b>May 9, 1978</b>   |  | COUNTY OF DEATH<br>3a <b>Washoe</b>  |  |
| CITY, TOWN, OR LOCATION OF DEATH<br>3b <b>Reno</b>   |  | HOSPITAL OR OTHER INSTITUTION—Name (If not in a prior, give street and number)<br>3c <b>Veterans Administration Hospital</b> |  | HOURS OF THE POLICE DEPT. OF HEALTH INSPECTOR (Specify Yes or No)<br>3d <b>Inpatient</b>   |  |
| RACE—(If White, Black, American Indian, etc.) (Specify)<br>4a <b>White</b>   |  | ETHNIC<br>4b <b>Italian</b>  |  | AGE—Last Birthday (Years)<br>5a <b>72</b>  |  |
| STATE OF BIRTH (If not U.S.A., name country)<br>6 <b>Nevada</b>  |  | CITIZEN OF WHAT COUNTRY<br>7 <b>U.S.A.</b>   |  | DATE OF BIRTH (Mo., Day, Year)<br>8 <b>Nov 5, 1905</b>   |  |
| SOCIAL SECURITY NUMBER<br>9  |  | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)<br>14a <b>County assessor</b>         |  | SURVIVING SPOUSE (If wife, give maiden name)<br>11 <b>Marjory Lewis</b>  |  |
| RESIDENCE—STATE<br>15a <b>Nevada</b>   |  | COUNTY<br>15b <b>Eureka</b>  |  | CITY, TOWN, OR LOCATION<br>15c <b>Eureka</b>   |  |
| FATHER—NAME First Middle Last<br>16 <b>Frank Pastorino</b>   |  | MOTHER—MAIDEN NAME First Middle Last<br>17 <b>Katherine Reglie</b>   |  | STREET AND NUMBER<br>15d <b>Dibble Lane</b>  |  |
| DIPLOMA—NAME (Type or Print)<br>18a <b>VA Hospital Records</b>   |  | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)<br>18b <b>1000 Locust Street, Reno, Nevada 89520</b>        |  |  |  |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br>19a <b>Burial</b>   |  | CEMETERY OR CREMATORY—NAME<br>19b <b>Catholic Cemetery</b>   |  | LOCATION City or Town State<br>19c <b>Eureka Nevada</b>  |  |
| GENERAL DIRECTION, SIGNATURE (Of Person Acting as Such)<br>20  |  | NAME AND ADDRESS OF FACILITY<br>200 <b>Ross Burke &amp; Knobel 2155 Kietzke Ln. Reno Nevada</b>                              |  |  |  |
| 21a To the best of my knowledge and belief, the time, date and place and due to the cause(s) stated (Signature and Title)<br>DATE SIGNED (Mo., Day, Year)<br>21b <b>May 10, 1978</b> |  | 21c HOUR OF DEATH<br>21c <b>9:10 A.M.</b>  |  | 22a On the basis of a visitation and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated (Signature and Title)<br>DATE SIGNED (Mo., Day, Year) |  |
| 21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)<br>21d <b>ROBERT N. HYLAND, M.D., VA Hospital, 1000 Locust St., Reno, Nevada 89520</b>                       |  | 21e AM PM<br>21e <b>AM</b>   |  | 22b PRONOUNCED DEAD (Mo., Day, Year)<br>22b <b>NO</b>  |  |
| 21f AM PM<br>21f <b>AM</b>   |  | 22c PRONOUNCED DEAD (Hour)<br>22c <b>NO</b>  |  | 22d AM PM<br>22d <b>NO</b>   |  |
| REGISTRAR<br>23a (Signature) <b>Linda Williamson</b> Deputy Registrar<br>DATE RECEIVED BY REGISTRAR (Mo., Day, Year)<br>23b <b>May 11, 1978</b>                                      |  |  |  |  |  |
| 24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))  |  |  |  |  |  |
| (a) <b>Cardiopulmonary arrest</b>  |  |  |  | Interval between onset and death<br><b>5 mins</b>  |  |
| (b) <b>Chronic obstructive pulmonary disease</b>   |  |  |  | Interval between onset and death<br><b>20 years</b>  |  |
| (c)  |  |  |  | Interval between onset and death   |  |
| PART 5 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 4 (a)  |  |  |  | AUTOPSY (Specify Yes or No)<br>26 <b>Yes</b>   |  |
| ACC. SUICIDE HEN. LOCOT OR PENDING INVEST (Specify)<br>27a   |  | DATE OF INJURY (Mo., Day, Year)<br>27b   |  | HOUR OF INJURY<br>27c  |  |
| INJURY AT WORK (Specify Yes or No)<br>27d  |  | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)<br>27e                                       |  | DESCRIBE HOW INJURY OCCURRED<br>27f  |  |
| LOCATION   |  | STREET OR R.F.D. No.   |  | CITY OR TOWN STATE   |  |
| 27g  |  | 27h  |  | 27i  |  |

No 003276

RECORDED AT THE REQUEST OF David Pastorino  
on November 10, 1978, at 50 mins. past 4 P. M. 1.  
Book 67 of OFFICIAL RECORDS, pages 21-23, RECORDS OF  
EUREKA COUNTY, NEVADA. WILLIS A. DePAOLI Recorder  
File No. 66715 Fee \$ 5.00

MAY 17 1978  
SEAL 66715  
WILLIAMSON  
THIS COPY IS REPRODUCED PHOTOGRAPHICALLY FROM ORIGINAL RECORDS / DO NOT MAKE ANY CHANGE IN COLOR OR APPEARANCE / THIS IS FOR THE CONSIDERATE ID CARD

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