

# 86311 Affidavit—Death of Joint Tenant

TO 2028 BY 19-67)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,  
COUNTY OF Clark } ss.

Lucy Noto, of legal age, being first duly sworn, deposes and says:  
That Charles Noto, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Charles Noto named as one of the parties in that certain Deed dated October 18, 1969 executed by Charles F. Janacek to Charles Noto and Lucy Noto as joint tenants, recorded as Instrument No. 52253, on March 9, 1970, in book 34, page 134, of Official Records of Eureka County, Nevada, covering the following described property situated in the \_\_\_\_\_, County of Eureka, State of Nevada:

Township 31 North, Range 49 East, M.D.B. & M.  
Section 25: Southwest Quarter of Southwest Quarter

RESERVING, HOWEVER, unto party of the first part  
30 feet on all boundaries thereof for road purposes

~~THIS DOCUMENT IS A COPY OF THE ORIGINAL RECORD OF THE COUNTY CLERK OF THE COUNTY OF CLARK, NEVADA, AND IS NOT VALID UNLESS IT BEGINS WITH THE WORDS "AFFIDAVIT OF DEATH OF JOINT TENANT"~~

Dated February 1, 1983

*Lucy Noto*  
Lucy Noto

SUBSCRIBED AND SWORN TO before me

this 1st day of February 1983

Signature Betty A. Cody  
BETTY A. CODY  
Name (Typed or Printed)



Title Order No.

Escrow or Loan No.

RECORDING REQUESTED BY

—SPACE BELOW THIS LINE FOR RECORDER'S USE—

AND WHEN RECORDED MAIL TO

Home Smith, Gould, Kotchka & Trenberth  
Street 617 Valley Bank Plaza  
Address 300 South Fourth Street  
City & State Las Vegas, Nevada 89101  
Attn: Jerry A. Trenberth

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This is a true certified copy of the record if it bears the seal, imprinted in purple ink, of the Registrar-Recorder.

DEC 1 1982

*Leonard Ramal* REGISTRAR-RECORDER  
LOS ANGELES COUNTY, CALIFORNIA



CERTIFICATE OF DEATH  
STATE OF CALIFORNIA

0190-035124

14. NAME OF DECEDENT—FIRST		15. MIDDLE		16. LAST		17. LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
Charles				Roto		July 30, 1981 2330	
18. SEX		19. RACE		20. ETHNICITY		21. DATE OF BIRTH	
Male		White		Italian		February 4, 1906	
22. PLACE OF BIRTH—STATE OR FOREIGN COUNTRY		23. NAME AND BIRTHPLACE OF FATHER		24. MARRIAGE STATUS		25. DEATH HOME AND BIRTHPLACE OF MOTHER	
Italy		Bonifacio Roto Italy		Married		Rosalie Unknown Italy	
26. CITY OF BIRTH—COUNTRY		27. SOCIAL SECURITY NUMBER		28. EMPLOYED BY SELF OR EMPLOYER—BY STATE		29. NAME OF EMPLOYING AGENCY (IF APPLICABLE)	
USA		[REDACTED]		Southwest Machine & Plaster		Lucy Lazzano	
30. OCCUPATION		31. NUMBER OF YEARS IN BUSINESS		32. EMPLOYED BY SELF OR EMPLOYER—BY STATE		33. NAME OF EMPLOYING AGENCY (IF APPLICABLE)	
Mechanic		25		Southwest Machine & Plaster		Plastics	
34. USUAL RESIDENCE—STREET ADDRESS, STREET AND NUMBER OR LOCATION		35. CITY OR TOWN		36. COUNTY		37. STATE	
10328 Aqueduct Avenue		Granada Hills		California		California	
38. USUAL RESIDENCE—CITY OR TOWN		39. STATE		40. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		41. DATE OF DEATH	
Los Angeles		California		Lucy Roto Wife		7/31/81	
42. PLACE OF DEATH		43. COUNTY		44. STREET ADDRESS, STREET AND NUMBER OR LOCATION		45. CITY OR TOWN	
Holy Cross Hospital		Los Angeles		10328 Aqueduct Avenue		Granada Hills, CA 91344	
46. STREET ADDRESS, STREET AND NUMBER OR LOCATION		47. CITY OR TOWN		48. STATE		49. ZIP CODE	
15031 Rinaldi Street		Mission Hills		California		91344	
50. DEATH WAS CAUSED BY—IMMEDIATE CAUSE		51. ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C		52. HAD DEATH REPORTED TO CORONER?		53. DID CORONER EXAMINE BODY?	
(A) <i>Cardiac Arrest</i>				No		No	
(B) <i>Sepsis</i>				No		No	
(C) <i>Leukemia</i>				No		No	
54. OTHER CAUSATIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		55. HAD OPERATION PERFORMED FOR ANY CONDITION IN ITEM 52 OR 53?		56. DATE OF OPERATION		57. TYPE OF OPERATION	
<i>Chronic Renal Failure</i>		No		No		No	
58. I CERTIFY THAT DEATH OCCURRED AT THE HOME (IF APPLICABLE) AND PLACE STATED FROM THE CAUSE STATED		59. PHYSICIAN—SIGNATURE AND LICENSE NUMBER		60. DATE DEATH		61. PHYSICIAN'S LICENSE NUMBER	
6/6/78 7/30/81		<i>M. Balabanian</i> A033040		7/31/81		A030330	
62. TYPE OF DEATH		63. TYPE OF PHYSICIAN'S WORK AND ADDRESS		64. DATE OF DEATH		65. PHYSICIAN'S LICENSE NUMBER	
Natural		M. Balabanian, MD 14935 Rinaldi St., Mission Hills, CA		7/30/81		A030330	
66. SPECIES OF ACCIDENT, OR DISEASE, ETC.		67. PLACE OF INJURY		68. INJURY AT WORK		69. DATE OF INJURY—MONTH AND YEAR	
70. LOCATION—STREET AND NUMBER OR LOCATION AND CITY OR TOWN		71. DESCRIBE HOW INJURY OCCURRED—EVENTS WHICH RESULTED IN INJURY		72. SIGNATURE AND LICENSE NUMBER OF TITLE		73. DATE SIGNED	
74. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CAUSE STATED AS RECEIVED BY LAW I HAVE FILED AN (IMMEDIATE INVESTIGATION)		75. CORONER—SIGNATURE AND LICENSE NUMBER OF TITLE		76. DATE SIGNED		77. DATE SIGNED	
		<i>[Signature]</i>					
78. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CAUSE STATED AS RECEIVED BY LAW I HAVE FILED AN (IMMEDIATE INVESTIGATION)		79. NAME AND ADDRESS OF CEMETERY OR CREMATOR		80. NUMBER OF BURIALS OR CREMATIONS		81. DATE ACCEPTED BY LOCAL REGISTRAR	
		San Fernando Mission Cemetery 11160 Strawberry Ave., Mission Hills, CA		7015		AUG 03 1981	
82. NAME OF FUNERAL HOME OR PERSON MAKING ARRANGEMENTS		83. LOCAL REGISTRAR		84. DATE ACCEPTED BY LOCAL REGISTRAR		85. DATE ACCEPTED BY LOCAL REGISTRAR	
Utter-McKinley Mission Hills		<i>[Signature]</i>		No		AUG 03 1981	
86. STATE REGISTRAR		87. COUNTY REGISTRAR		88. DATE ACCEPTED BY LOCAL REGISTRAR		89. DATE ACCEPTED BY LOCAL REGISTRAR	

RECORDED AT REQUEST OF  
*Smith, Coold, Kotecha & Tronbert*  
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OFFICIAL RECORDS  
EUREKA COUNTY, NEVADA  
M.H. REBALEATI, RECORDER  
FILE NO. 86311  
FEE \$ 5.00

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