

# Affidavit-Termination of Joint Tenancy

## (Death of a Joint Tenant)

I, Charles F. Vaccaro, the Affiant,  
being of legal age, and being first duly sworn, deposes and says:

That Charles Augustine Vaccaro, the decedent  
(Deceased Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as Charles A. Vaccaro

(Deceased Name as shown on Deed)

named as one of the parties in that certain Deed  
(Type of Document)

dated on the 9th day of September, 19 92, and executed by

Charles A. Vaccaro, known as "Grantor(s)"  
to Charles A. Vaccaro and Charles Francis Vaccaro, known

as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 142197, on the

10th day of September, 19 92, in book 238 page 351, of Official  
Records of Eureka County, Nevada, covering the following described property situated in the City of

Eureka, County of Eureka, State of Nevada.  
(Set forth legal description and commonly known street address, if known)

SEE EXHIBIT A ATTACHED

ASSESSOR'S PARCEL NO. (APN#) 01-073-01, 01-072-02

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed  
the sum of \$ \_\_\_\_\_

In Witness Whereof, I/We have hereunto set my hand/our hands this 16 day of Aug, 19 92

Charles F. Vaccaro  
(Signature)

(Signature)

Charles F. Vaccaro  
(Print or type name here)

(Print or type name here)

STATE OF NEVADA

COUNTY OF

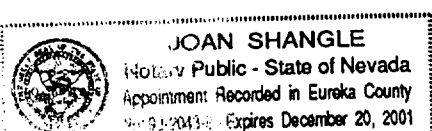
On this 16th day of August, 19 92  
personally appeared before me, a Notary Public

Charles F. Vaccaro

personally known to me to be the person whose name(s) is subscribed  
to the above instrument who acknowledged that he executed  
the instrument.

Joan Shangle  
(Notary Public)

(Notary Stamp)



### RECORDING REQUESTED BY AND MAIL TO

NAME Charles F. Vaccaro  
ADDRESS 2111 East 3900 South  
CITY/ST/ZIP Salt Lake City, UT 84124

If applicable mail tax statements to

NAME Charles F. Vaccaro  
ADDRESS 2111 East 3900 South  
CITY/ST/ZIP Salt Lake City, UT 84124

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

## STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 18-5042

STATE FILE NUMBER

|                |  |  |  |   |  |   |
|----------------|--|--|--|---|--|---|
| DECEDENT       | 1 NAME OF DECEDENT FIRST MIDDLE LAST<br><b>Charles Augustine VACCARO</b>   |  |  | 2 SEX<br><b>Male</b>  | 3a DATE OF DEATH (Mo, Day, Yr)<br><b>DEC. 29, 1994</b>   | 3b TIME OF DEATH (24 hr clock)<br><b>1615</b> |
|                | 4 DATE OF BIRTH (Mo, Day, Yr)<br><b>SEPT. 4, 1907</b>  |  | 5 AGE (Last birthday)<br><b>87</b>   | 6 BIRTHPLACE (City & State or Foreign Country)<br><b>Eureka, Nevada</b>   | 7 SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>  |   |
|                | 8a PLACE OF DEATH (Check only one)<br><input type="checkbox"/> Hospital <input type="checkbox"/> ER Outpatient <input type="checkbox"/> OOA <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other<br><b>Heritage Eastridge Rehab. Center</b>  |  |  | 8b NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location)<br><b>Heritage Eastridge Rehab. Center</b> |  |   |
|                | 8c CITY, TOWN OR LOCATION OF DEATH<br><b>Salt Lake City, Utah</b>  |  |  | 8d COUNTY OF DEATH<br><b>SALT LAKE</b>  |  |   |
| DISPOSITION    | 10 WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | 11 MARITAL STATUS<br><input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed   |   | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired)<br><b>Miner</b>   |   |
|                | 12b KIND OF BUSINESS OR INDUSTRY<br><b>Mining of Precious Metals</b>   |  | 12c COUNTY<br><b>Eureka</b>  |   | 12d STATE<br><b>Nevada</b>   |   |
|                | 13a RESIDENCE - STREET AND NUMBER<br><b>P.O. Box 256 (Buel Street)</b>   |  | 13b CITY, TOWN, OR COMMUNITY<br><b>Eureka</b>  |   | 13c COUNTY<br><b>Eureka</b>  |   |
|                | 13d INSIDE CITY LIMITS?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | 13e ZIP CODE<br><b>89316</b>   |   | 13f STATE<br><b>Nevada</b>   |   |
| PARENTS        | 17 FATHER'S NAME (First, Middle, Last)<br><b>Michael Vaccaro</b>   |  |  | 18 MAIDEN NAME OF MOTHER (First, Middle, Last)<br><b>Angela Connesia</b>  |  |   |
|                | 19 NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT<br><b>SON - Charles F. Vaccaro / 2131 Atkin Avenue / Salt Lake City, Utah 84109</b>   |  |  |   |  |   |
|                | 20 METHOD OF DISPOSITION<br><input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other <input checked="" type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal   |  | 21a DATE OF DISPOSITION<br><b>Dec. 30, 1994</b>  |   | 21b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)<br><b>Larkin Sunset Lawn Cemetery</b>   |   |
|                | 21c LOCATION - City or Town, State<br><b>Salt Lake County - Salt Lake City, Utah</b>   |  | 22 SIGNATURE OF FUNERAL SERVICE LICENSEE<br><b>[Signature]</b>   |   | 23 LICENSEE NUMBER<br><b>22-113395</b>   |   |
| CERTIFIER      | 24 FUNERAL HOME (Name, address and license number)<br><b>LARKIN MORTUARY 260 East South Temple Street Salt Lake City, Utah 84111-1274</b>  |  | 25 DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN<br><b>27 Dec 1994</b>   |   | 26 If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, enter the date and hour reported. M.E. Case No.<br><b>27 Dec 1994</b>  |   |
|                | 27a CERTIFIER<br><input checked="" type="checkbox"/> CERTIFYING PHYSICIAN<br>To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.<br><input type="checkbox"/> MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL<br>On the basis of examination and/or investigation in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated. |  | 27b SIGNATURE AND TITLE OF CERTIFIER<br><b>[Signature] James Cecil, M.D. #152388-1205</b>  |   | 27c LICENSE NUMBER<br><b>DEC. 20 1994</b>  |   |
|                | 27d NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type print)<br><b>1201 EAST SOUTH TEMPLE #703 SALT LAKE CITY, UTAH 84102</b>  |  | 28 REGISTRAR'S SIGNATURE<br><b>[Signature]</b>   |   | 29 DATE FILED (Month, Day, Year)<br><b>Dec. 30, 1994</b>   |   |
|                | 30 DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN<br><b>27 Dec 1994</b>   |  | 31 PART I ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.<br><b>CHRONIC RENAL FAILURE ETIOLOGY UNKNOWN</b> |   | 32 IN YOUR OPINION, TOBACCO USE BY THE DECEDENT<br><input type="checkbox"/> Probably contributed to the cause of death<br><input type="checkbox"/> Was the underlying cause of death<br><input checked="" type="checkbox"/> Did not contribute to the cause of death<br><input type="checkbox"/> Is unknown in relation to the cause of death. <input type="checkbox"/> NON-USER |   |
| CAUSE OF DEATH | 33a WAS AN AUTOPSY PERFORMED?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | 33b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   | 34 MANNER OF DEATH<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending Investigation  |   |
|                | 35a DATE OF INJURY (Month, Day, Year)<br><b>35a</b>  |  | 35b TIME OF INJURY (24 Hour Clock)<br><b>35b</b>   |   | 35c INJURY AT WORK?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   |
|                | 35d PLACE OF INJURY: At home, farm, street, factory, office, building, etc. (Specify)<br><b>35d</b>  |  | 35e LOCATION (Street or rural route number, city or town, county and state)<br><b>35e</b>  |   | 35f DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)<br><b>35f</b>  |   |
|                | 35g If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.<br><b>35g</b>  |  | 35h If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.<br><b>35h</b>  |   | 35i If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.<br><b>35i</b>  |   |

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **AUG 12 1999**

County - Salt Lake

Registrar

**Barry E Nangle**Barry E. Nangle  
DIRECTOR OF VITAL RECORDS  
By**L112510 Book 328 Page 283A****Ellen Freeman**

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES.  
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

EXHIBIT A

described as follows:

Lots Thirteen (13), Fourteen (14), Fifteen (15), Sixteen (16) and Seventeen (17) in Block Sixteen-A (16-A), APN 01-073-01;

and

Lot Eighteen (18), in Block Sixteen-B (16-B), APN 01-072-02.

TOGETHER with all buildings and improvements situate thereon.

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

BOOK 328 PAGE 284

BOOK 328 PAGE 283  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Charles J. Laccaro*  
99 AUG 16 PM 4:12  
EUREKA COUNTY NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES \$9.00

172521

DECLARATION OF VALUE  
Eureka COUNTY, NEVADA

Recording Date 8-16-99 Book 328 Page 283 Instrument # 172521

Full Value of Property Interest Conveyed \$ \_\_\_\_\_

Less Assumed Liens & Encumbrances -- \_\_\_\_\_

Taxable Value (NRS 375.010, Section 4) \$ \_\_\_\_\_

Real Property Transfer Tax Due \$ 0

If exempt, state reason. NRS 375.090, Section 8. Explain:

Transfer to a Trust

☐ Escrow Holder only: Check if Real Property Transfer Tax is to be deferred under NRS 375.030, Section 3.

INDIVIDUAL

Under penalty of perjury, I hereby declare that the above statements are correct.

Charles F. Vaccaro  
Signature of Declarant

CHARLES F. VACCARO  
Name (Please Print)

2111 EAST 3900 SOUTH  
Address

BOATHAKE CITY, UT. 84124  
City State Zip

ESCROW HOLDER

Under penalty of perjury, I hereby declare that the above statements are correct to the best of my knowledge based upon the information available to me in the documents contained in the escrow file.

\_\_\_\_\_  
Signature of Declarant

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Escrow Number

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

• Tax paid for the above transfer per NRS 375.030 Sec. 3 on 8,16,99