

DOC # 0213331

06/09/2009 02:02 PM

Official Record

Recording requested By
ORBIT INVESTMENTS LLC

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$40.00 Page 1 of 2
RPTT: Recorded By: LLH
Book- 0487 Page- 0271



0213331

THIS SP.

When Recorded Mail To:

Christoper A. Lamere
c/o Joan Leete
95 Pajak St.
Chicopee, MA 1013

APN: 005-420-06
File No.: 001669-NV006-08

**AFFIDAVIT- TERMINATION OF JOINT TENANCY
(DEATH OF A JOINT TENANT)**

I, Christopher A. Lamere, the Affiant, being of legal age, and being first duly sworn, deposes and says:
That David I. Lamere, the decedent mentioned in the attached certified copy Certificate of Death, is the same person as David I. Lamere named as one of the parties in that certain Quit Claim Deed, dated on the 8th day of Sept., 1995, and executed by David I. Lamere, known as "Grantor(s)" to David I. Lamere and Christopher A. Lamere, known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. _____, on the 12th day of September, 1995, in book 286 & page 152, of Official Records of Eureka County, Nevada, covering the following described property situation in the City of Eureka, County of Eureka, State of Nevada.

LEGAL DESCRIPTION

T29N, R48E, SECTION 1

NE1/4NW1/4NE1/4 (Consisting of Approximately 10.67 AC)

The 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 \$714.00.

In witness wherof, I/We have hereunto set my hand/our hands this 19 day of May, 2009.

Christopher A. Lamere
Signature

Signature

Christopher A. Lamere
Printed Name

Printed Name

STATE OF Massachusetts
COUNTY OF Hampden

This instrument was acknowledged before me, on (date) May 19, 2009
By (person(s) appearing before notary public) Christopher A. Lamere

Christine Stankovic
Notary Public
My Commission Expires 9-01-2011

Notary Stamp Above

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

TYPE IN PERMANENT BLACK INK

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) **David I. LaMere** 2. SEX **Male**

3. DATE OF BIRTH (Month, Day, Year) **March 29, 1930** 4a. AGE-Last Birthday (Years) **76** 4b. UNDER 1 YEAR Months Days 4c. UNDER 1 DAY Hours Minutes 5. DATE OF DEATH (Month, Day, Year) **April 16, 2006**

6. SOCIAL SECURITY NUMBER _____ 7. BIRTHPLACE (City and State or Foreign Country) **Springfield, Massachusetts** 8. COUNTY OF DEATH **Broward**

9. PLACE OF DEATH (Check only one) HOSPITAL: Inpatient Emergency Room/Outpatient Dead on Arrival
NON-HOSPITAL: Hospice Facility Nursing Home/Long Term Care Facility Decedent's Home Other (Specify) _____

10. FACILITY NAME (if not institution, give street address) **North Broward Medical Center** 11a. CITY, TOWN, OR LOCATION OF DEATH **Pompano Beach** 11b. INSIDE CITY LIMITS? Yes No

12. MARITAL STATUS (Specify) Married Married, but Separated Widowed Divorced Never Married 13. SURVIVING SPOUSE'S NAME (if wife, give maiden name) _____

14a. RESIDENCE - STATE **Florida** 14b. COUNTY **Broward** 14c. CITY, TOWN, OR LOCATION **Pompano Beach**

14d. STREET ADDRESS **4812 N.W. First Avenue** 14e. APT. NO. _____ 14f. ZIP CODE **33064** 14g. INSIDE CITY LIMITS? Yes No

15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) (Do not use "Retired") **Driver** 15b. KIND OF BUSINESS/INDUSTRY **U.S. Postal Service**

16. DECEDENT'S RACE (Specify the race/ances to indicate what decedent considered himself/herself to be. More than one race may be specified.)
 White Black or African American American Indian or Alaskan Native (Specify tribe) _____
 Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian (Specify) _____
 Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Isl. (Specify) _____ Other (Specify) _____

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) Yes (if Yes, specify) No Mexican Puerto Rican Cuban Central/South American Other Hispanic (Specify) _____ Haitian

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.)
 8th or less High school but no diploma High school diploma or GED College but no degree College degree (Specify): _____ Associate Bachelor's Master's Doctorate 19. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No

20. FATHER'S NAME (First, Middle, Last, Suffix) **William LaMere** 21. MOTHER'S NAME (First, Middle, Maiden Surname) **Anna Clark**

22a. INFORMANT'S NAME **Christopher LaMere** 22b. RELATIONSHIP TO DECEDENT **Grandson** 23a. INFORMANT'S MAILING - STATE **Massachusetts**

23b. CITY OR TOWN _____ 23c. STREET ADDRESS **59 Pajak Street** 23d. ZIP CODE **01013**

24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Gold Coast Crematory** 25a. LOCATION - STATE **Florida** 25b. LOCATION - CITY OR TOWN **Fort Lauderdale**

26a. METHOD OF DISPOSITION Burial Entombment Cremation Donation Removal from State Other (Specify) _____

26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? Yes No 27a. LICENSE NUMBER (of Licensee) **FE3929** 27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH *[Signature]*

28. NAME OF FUNERAL FACILITY **AAA Baird-Case Broward Memorial Funeral Home** 29a. FACILITY'S MAILING - STATE **Florida**

29b. CITY OR TOWN **Tamarac** 29c. STREET ADDRESS **4701 North State Road 7** 29d. ZIP CODE **33319**

30. CERTIFIER: Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
(Check one) Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.

31a. (Signature and Title of Certifier) *[Signature]* 31b. DATE SIGNED (month/day/yyyy) **04/19/06** 32. TIME OF DEATH (24 hr.) **0927** 33. MEDICAL EXAMINER'S CASE NUMBER _____

34a. LICENSE NUMBER (of Certifier) **088580** 34b. CERTIFIER'S NAME: **Dr. Firaz Hosein, D.O.** 35. NAME OF ATTENDING PHYSICIAN (if other than Certifier) _____

36a. CERTIFIER'S - STATE **Florida** 36b. CITY OR TOWN **Lighthouse Point** 36c. STREET ADDRESS **3170 North Federal Highway, Suite 116** 36d. ZIP CODE **33064**

37. SUBREGISTRAR - Signature and Date *[Signature]* 38a. LOCAL REGISTRAR - Signature *[Signature]* 38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) **APR 25 2006**

State of Florida, Department of Health, Vital Statistics

MEDICAL CERTIFIER

VOID IF ALTERED OR ERASED

Doris Owens
Deputy Chief Registrar

APR 26 2006



WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD-EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1947 (08/04)

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CERTIFICATION OF VITAL RECORD



Book: 487
Page: 272
0213331

06/09/2009

