

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

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RPTT:

Recorded By: LLH

Book- 0487 Page- 0271



0213331

THIS SP.

When Recorded Mail To:

Christopher 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 whereof, 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

TYPE IN
PERMANENT
BLACK INK

LOCAL FILE NO.

FLORIDA CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix)		David I. LaMere		2. SEX		Male	
3. DATE OF BIRTH (Month, Day, Year)		4a. AGE-Last Birthday (Years)		4b. UNDER 1 YEAR		5. DATE OF DEATH (Month, Day, Year)	
March 29, 1930		76				April 16, 2006	
6. SOCIAL SECURITY NUMBER		7. BIRTHPLACE (City and State or Foreign Country)		8. COUNTY OF DEATH			
		Springfield, Massachusetts		Broward			
9. PLACE OF DEATH (Check only one)		10. FACILITY NAME (If not institution, give street address)					
HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		North Broward Medical Center					
NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
11a. CITY, TOWN, OR LOCATION OF DEATH		11b. INSIDE CITY LIMITS?					
Pompano Beach		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
12. MARITAL STATUS (Specify)		13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)					
<input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married							
14a. RESIDENCE - STATE		14b. COUNTY		14c. CITY, TOWN, OR LOCATION			
Florida		Broward		Pompano Beach			
14d. STREET ADDRESS		14e. APT. NO.		14f. ZIP CODE		14g. INSIDE CITY LIMITS?	
4812 N.W. First Avenue				33064		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. Do not use "Retired")		15b. KIND OF BUSINESS/INDUSTRY					
Driver		U.S. Postal Service					
16. DECEDENT'S RACE (Specify the race/ethnicity to indicate what decedent considered himself/herself to be. More than one race may be specified.)							
<input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe)							
<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify)							
<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify) <input type="checkbox"/> Other (Specify)							
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.)							
<input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian							
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.)							
<input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input checked="" type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate							
19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
20. FATHER'S NAME (First, Middle, Last, Suffix)				21. MOTHER'S NAME (First, Middle, Maiden Surname)			
William LaMere				Anna Clark			
22a. INFORMANT'S NAME				22b. RELATIONSHIP TO DECEDENT		23a. INFORMANT'S MAILING - STATE	
Christopher LaMere				Grandson		Massachusetts	
23b. CITY OR TOWN				23c. STREET ADDRESS		23d. ZIP CODE	
Chicopee				59 Pajak Street		01013	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)				25a. LOCATION - STATE		25b. LOCATION - CITY OR TOWN	
Gold Coast Crematory				Florida		Fort Lauderdale	
26a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)							
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				27a. LICENSE NUMBER (of Licensee)		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	
				FE3929		<i>[Signature]</i>	
28. NAME OF FUNERAL FACILITY				29a. FACILITY'S MAILING - STATE		29b. FACILITY'S CITY OR TOWN	
AAA Baird-Case Broward Memorial Funeral Home				Florida			
29b. CITY OR TOWN				29c. STREET ADDRESS		29d. ZIP CODE	
Tamarac				4701 North State Road 7		33319	
30. CERTIFIER: <input checked="" type="checkbox"/> 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) <input type="checkbox"/> 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)				31b. DATE SIGNED (month/day/yr)		32. TIME OF DEATH (24 hr.)	
<i>[Signature]</i>				04/19/06		0927	
34a. LICENSE NUMBER (of Certifier)				34b. CERTIFIER'S NAME		35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)	
088540				Dr. Firaz Hosein, D.O.			
35a. CERTIFIER'S - STATE				35b. CITY OR TOWN		35c. STREET ADDRESS	
Florida				Lighthouse Point		3170 North Federal Highway, Suite 116	
37. SUBREGISTRAR - Signature and Date				38a. LOCAL REGISTRAR - Signature		38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.)	
<i>[Signature]</i>				<i>[Signature]</i>		APR 25 2006	

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

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