

**TOWNSHIP 31 NORTH, RANGE 48 EAST, MDB&M
Section 13: NW1/4NW1/4**

TOGETHER WITH all and singular the tenements, hereditaments, easements, and appurtenances thereunto belonging or in anywise appertaining, and the reversions, remainders, issues and profits thereof, or of any part thereof.

SUBJECT TO All taxes and assessments, reservations charges and licenses affecting the property of record.

3. That the above-named individuals acquired the following described property as joint tenants, by the certain Deed dated January 21, 1974, and recorded in the Office of the County Recorder, Eureka County, Nevada, on January 29, 1974 as File Number 58208, Book 47, Page 213, said property being located in the County of Eureka, State of Nevada, and being more particularly described as follows:

PARCEL 1:

**TOWNSHIP 29 NORTH, RANGE 49 EAST, MDB&M
Section 19: SE1/4SW1/4**

PARCEL 2:

**TOWNSHIP 30 NORTH, RANGE 48 EAST, MDB&M
Section 33: N1/2NE1/4**

TOGETHER WITH all and singular the tenements, hereditaments, easements, and appurtenances thereunto belonging or in anywise appertaining, and the reversions, remainders, issues and profits thereof, or of any part thereof.

SUBJECT TO All taxes and assessments, reservations charges and licenses affecting the property of record.

4. That the above-named individuals acquired the following described property as joint tenants, by the certain Deed dated March 5, 1974, and recorded in the Office of the County Recorder, Eureka County, Nevada, on March 26, 1974 as File Number 58286, Book 47, Page 369, said property being located in the County of Eureka, State of Nevada, and being more particularly described as follows:

PARCEL 1:

**TOWNSHIP 30 NORTH, RANGE 48 EAST, MDB&M
Section 17: N1/2SE1/4**

PARCEL 2:

TOWNSHIP 30 NORTH, RANGE 48 EAST, MDB&M
Section 17: SE1/4SE1/4

TOGETHER WITH all and singular the tenements, hereditaments, easements, and appurtenances thereunto belonging or in anywise appertaining, and the reversions, remainders, issues and profits thereof, or of any part thereof.

SUBJECT TO All taxes and assessments, reservations charges and licenses affecting the property of record.

5. That **JOHN L. CARDINALLI**, aka John Cardinalli, aka John Lynn Cardinalli, being the person described in the foregoing Deed as a Grantee and joint tenant, died in the State of Nevada, County of Carson City, City of Carson City, on the 11th day of November, 2015. That a certified copy of the Death Certificate of **JOHN LYNN CARDINALLI** is attached to this Affidavit as Exhibit "A" and made a part hereof.

6. That Affiant makes this Affidavit for recording and for the purpose of terminating all right, title, interest and estate of said deceased joint tenant, in and to the forgoing described property, and vesting title thereto solely in **JULIE M. CARDINALLI**, as the surviving joint tenant.

DATED this 23rd day of November, 2021.

Julie M. Cardinalli
JULIE M. CARDINALLI

SUBSCRIBED and SWORN to before me
on this 23rd day of November, 2021,
JULIE M. CARDINALLI.

Dakota J. Martin
NOTARY PUBLIC

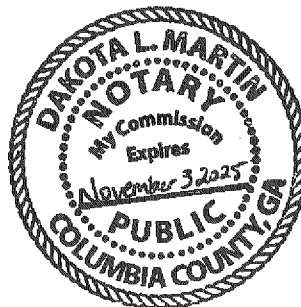


EXHIBIT "A"

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2015019815

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) John Lynn CARDINALLI		2. DATE OF DEATH (Mo/Day/Year) November 11, 2015		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street or apt. no. if Hosp or Inst. indicate DGA OP/Emer. Rm Ormsby Heights		3d. If Hosp or Inst. indicate DGA OP/Emer. Rm Assisted Living	
5. RACE (Specify) White		6. Hispanic Origin? (Specify No - Non-Hispanic)		7a. AGE - Last birthday (Years) 81	
8a. STATE OF BIRTH (If not U.S.A.) Nevada		9b. CITIZEN OF WHAT COUNTRY? United States		10. EDUCATION 16	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Julie MOORE		13. SOCIAL SECURITY NUMBER ████████-██-9880	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Financial		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 1041 Longview Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) John Anthony CARDINALLI	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hilde SIGURDSON		18a. INFORMANT - NAME (Type or Print) Julie M CARDINALLI		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1041 Longview Way Carson City, Nevada 89703	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lampa Ln Carson City NV 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) NITA SCHWARTZ M.D.		21b. DATE SIGNED (Mo/Day/Yr) November 18, 2015		21c. HOUR OF DEATH 15:50	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		22b. DATE SIGNED (Mo/Day/Yr)	
22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703		23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) VERALYNN A BOYACK	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 18, 2015		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Parkinson's Disease	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		26. ACC. SUICIDE, HOMICIDE, UNDET OR PENDING INVEST (Specify)	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (c) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		26b. DATE OF INJURY (Mo/Day/Yr)	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (d) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		26c. HOUR OF INJURY	
26. ACC. SUICIDE, HOMICIDE, UNDET OR PENDING INVEST (Specify)		Interval between onset and death		26d. DESCRIBE HOW INJURY OCCURRED	
26a. INJURY AT WORK (Specify Yes or No)		26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
26g. LOCATION STREET OR R.F.D. No		26h. CITY OR TOWN		26i. STATE	

STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

11/25/2015

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRB-Rev-20120524

