Affidavit-Termination of Joint Tenancy (Death of a Joint Tenant)

ASSESSOR'S PARCEL NO. (APN#): 3-202-03, 3-195-03, 3-203-01 3-252-01, 3-197-01

RECORDING	REQUESTED BY AND MAIL TAX STATEMENT TO)
Name: SAV	OEUN V. LONGO	
***************************************	714 W. Flanagan Street	
City/State/Zip:	Avondale, AZ 85323	
V: 10		

EUREKA COUNTY, NV LAND-TJT Rec:\$37.00

Rec:\$37.00 Total:\$37.00

REED & MANSFIELD

2022-248567 07/22/2022 03:19 PM

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00016294202202485670020022 KATHERINE J. BOWLING, CLERK RECORDER

			and the same of th		N N
Jonathan	Reed		the Af	fiant heing of lega	age, and being first duly sworn,
leposes and says: That	MARIA DIVIVONIA	A LONGO	////		, the decedent mentioned in the
	(Deceased Nam	e as shown on Dea	ath Certificate)	National Control of the Control of t	
nached certified o	copy Certificate of Death	is the same per	son as	MARIA DIVIVO	NIA LONGO
		*		ceased Name as sho	vn on Deed)
w :22 a	. 10 4 5 5	d	eed	\ /	/
amed as one of th	ne parties in that certain _				
ated on the	11th	day of	(Type of Document) January	199	5 and appropriately
	and Ruth Stirling		Grantor(s)" to	Carlo Piero Lor	95, and executed by 196, and Maria Longo
	e(s)", as Joint Tenants, ar				on the
23rd	day of March		1995 , in book	281, page 32	of Official Records of
Eureka		County, Nev	ada, covering the	following describe	d property situated in the City of
Crescent V	/alley	, County of	Eureka		, State of Nevada
set forth legal descr	ription and commonly know	n street address, il	known)	1	
A DNI · nna · an	2-03 with a legal de	corintian as	followe: TOON	DAGE SECTIO	N 15 LOT 5
	05-03 with a legal de 05-03 with a legal de				
					ON 15, LOTS 1 AND 2
APN: 003-25	2-01 with a legal de	escription as	ioliows: 129N,	R48E SECTION	ON 15, LOT 12
APN: 003-19	7-01 with a legal de	escription as	ioliows: 129N,	R48E SECTION	ON 15, LOTS 59 AND 60
	. \		/		
				/	*
		W		. /	
That value of all n	sal property owned by de	ecedent at date o	f death, including	the full value of the	property above described, did
iot exceed the sur	n of s 3,000.00				
	***	Name of the last		1	
n witness Where	of IAWa have hereunto se	et my hand/aug b	anderbie 27	MI day of	Jay, 20 22
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Signature)			(Signature)	- 4-3 	
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y (person(s) appea	ring before notary public)	-10nas	non R	eed	
3 1	/ //		Billion and Application of the particular of the		
Notary Public)	-///	 .			GABRIELA OTERO Notary Public, State of Neveda
Notary Future) My Compussion and	ores. Apr. 23	, 2025			Notary Public, State of Neveus
-,	777 V77			The state of the s	My Appt. Expires Apr 23, 2025
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ORIGINAL STATE COPY	DEPART		STATE OF ARIZONALTH SERVICES - OFF RTIFICATE OF DI	ICE OF VITA	AL REC	表现是100mm	DEATH D-102	NO. 2009 -	020	149
NAME OF DECEASED	A FIRST	B.MIDDLE	CW		SEX	The state of the s	DATE OF DEATH	MONTH	DAY	YEAR
1. RACE (e.g., white, black, Ame SPECIFY:	MARIA	DIVIN WAS DECEDENT OF SPECIFY YES OR N		Contraction of the	2	MALE N. SPANISH, PUERTI	3.	APRIL	13	2008
SPECIFY: WHIT!		(SPECIFY YES OR N	o) NO	CUBAN, ETC.	(E MEXICA	M, SPANISH, PUEHT	J HICAN,	WAS DECEASED E (SPECIFY YES OR I	VER IN U.S. / NO)	NO
PLACE OF DEATH	BA COUNTY	68 TOWN OR CITY	The second secon	6C. HOSPITAL	OA OF F	ESIDENCE, GIVE ST	REET ADDRE	5. SS)	60.	DOA
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II BENGHAZ		12 ITAI		The state of the s	70071	MANAG	ΣR	14B.R		URANT
RESIDENCE 15 ARIZONA	MARI	CADA	TOWN OR CITY	150 ZIP CODE 8535		HOW LONG IN ARIZO		HIGHES	EDUCATION T GRADE CO	IMPLETED
STREET ADDRESS OF R.F.D.		INSIDE CITY LIMITS: (SPECIFY Yes or No	TONOPAH ON RESERVATIONS (SPECIFY Year on and)	PREVIOUS STA OF RESIDENCE		6 11 YE		EMENTARY SECON	IDARY	COLLEGE (1-4 or 5+)
	th AVE.	YES	15G. / NO	18.	NEW	YORK	18	-	18B	
FATHERS A FIRST NAME CIRO	B.M.	DOLE	DIVIVONA	MOTHER'S MAIL NAME	DEN	ANTONIA		MIDDLE"	PIL	
INFORMANTS SIGNATURE	downe	1 Teur	RELATIONSHIP TO	ADDRESS	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	STREET NO.		HTY AND STATE		ZIP CODE
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BURIAL CREMATION, BEMOVAL OTHER (Specify) REM/BURIA	DATE L 4/16/20	CEMETERY 0.8 ST C	OR CREMATOR AND THE CEME	DALE, N	Y :	EMBALMERS	Pamoe 	D TUCK	ER	CERT. NO. 463
74. FUNERAL HOME	NAME	26. STREET ADDE		ndomini stati vanji ingradije	123	27A. FUNERAL DIF	EQTOR or pe	fson acting as such	SIGNATURE	27B
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きたご DATE SIGN 名の上 31.	ED (Mo:, Day, Year)	8	HOUR OF DEATH	To be completed MEDICAL EXAMIN OR TRIBAL LAW ENFORCEMEN	DATE 35	SIGNED (Mo., Day, Y	(SEU)	100	HOUR O	DEATH
P RAME OF A	ATTENDING PHYSICIAN OF C	THER THAN CERTIFIE	R (Type or print)	ř 9 – 6	PRON	OUNCED DEAD (Mo	, Day, Year)	>		INCED DEAD (Hour)
NAME AND ADDRESS OF CER	TIFIER, PHYSICIAN, MEDIC	EXAMINER OR TRIB	RD., PHOENI	5016 AUT	HOMZEO F	OR CREMATION	The sales	XAMINER'S SIGNATI	JRE JRE	
DATE REGISTERED	REG. FILE NO.	REGISTRATS SIGNAT		A, AZ 40.		PEG. DI	41, TRICT	DATEREC	D IN STATE O	FECE
APR 2 1 2008	43.8379 47A. IMMEDIATE CAUSE (F	44 ALL OISEASE OR CON	DITION RESULTING IN DEATH) (EN	TERLONLY ONE CAL	SE ON EA	CYLINE) 45.07	108	46.MA	23	7008
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PART II. Other significant con	ditions contributing to death	out not resulting in the L	nderlying cause given in Pari i		30	AUTOPS (Specify)	(grace No)	WAS CASE REFERR (Specify Yes or No)		CAL EXAMINER
AANNER OF DEATH	new Ar	11 100 M	(Va HOUR			49.		50.	NO	
NATURAL H	DATE OF INJURY	MU DA		INJURY AT WORK (Specify Yes or No)	DESC	RIBE HOW INJURY C	CCUMRED			
ACCIDENT P	ENDING 52 IVESTIGATION PLACE OF I SPECIFY.	NJURY (At home, farm,	53. M street, factory, office building, etc.)	SN. WHERE LOCA	(55 TED?	STREET AC	ORESS	CITY OR T	OWN	STATE
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J3003911

This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.

Revised 07/2016

KRYSTAL COLBURN ASSISTANT STATE REGISTRAR

Date lisued: 07/02/2021

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ARIZONA DEPARTMENT OF HEALTH SERVICES