

**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: SAVOEUN V. LONGO

Address: 11714 W. Flanagan Street

City/State/Zip: Avondale, AZ 85323

EUREKA COUNTY, NV
LAND-TJT
Rec:\$37.00
Total:\$37.00
REED & MANSFIELD

2022-248567
07/22/2022 03:19 PM
Pgs=2



00016294202202485670020022

KATHERINE J. BOWLING, CLERK RECORDER

I, Jonathan Reed, the Affiant, being of legal age, and being first duly sworn,
deposes and says: MARIA DIVIVONIA LONGO
That _____, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

MARIA DIVIVONIA LONGO
attached certified copy Certificate of Death, is the same person as _____
(Deceased Name as shown on Deed)

named as one of the parties in that certain _____ deed

(Type of Document)
dated on the 11th day of January, 1995, and executed by
Douglas M. and Ruth Stirling, known as "Grantor(s)" to Carlo Piero Longo, and Maria Longo,
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 157235, on the
23rd day of March, 1995, in book 281, page 329, of Official Records of
Eureka County, Nevada, covering the following described property situated in the City of
Crescent Valley, County of Eureka, State of Nevada.
(Set forth legal description and commonly known street address, if known)

APN: 003-202-03 with a legal description as follows: T29N, R48E SECTION 15, LOT 5
APN: 003-195-03 with a legal description as follows: T29N, R48E SECTION 15, LOT 49
APN: 003-203-01 with a legal description as follows: T29N, R48E SECTION 15, LOTS 1 AND 2
APN: 003-252-01 with a legal description as follows: T29N, R48E SECTION 15, LOT 12
APN: 003-197-01 with a legal description as follows: T29N, R48E SECTION 15, LOTS 59 AND 60

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 \$ 3,000.00

In witness Whereof, I/We have hereunto set my hand/our hands this 20th day of July, 20 22

(Signature)

(Print or type name here)

STATE OF NEVADA

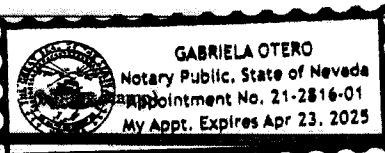
COUNTY OF EUREKA

This instrument was acknowledged before me on (date) 07/20/22

By (person(s) appearing before notary public) Jonathan Reed

(Notary Public)

My Commission expires: Apr. 23, 2025



STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

ORIGINAL STATE COPY		STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH				DEATH NO. D-102 2008 020149	
1. NAME OF DECEASED MARIA DIVIVONA LONGO		2. SEX FEMALE		3. DATE OF DEATH MONTH APRIL DAY 13 YEAR 2008			
4. RACE (e.g., white, black, American Indian, (specify tribe) etc.) WHITE		48. WAS DECEASED OF HISPANIC ORIGIN: (SPECIFY YES OR NO) NO		4C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.		5. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) NO	
6. PLACE OF DEATH 6A. COUNTY MARICOPA 6B. TOWN OR CITY GOODYEAR		8C. HOSPITAL OR (IF RESIDENCE, GIVE STREET ADDRESS) WEST VALLEY HOSPITAL				6D. <input type="checkbox"/> DOA <input type="checkbox"/> STOP EMER <input checked="" type="checkbox"/> IN PATIENT	
7. DATE OF BIRTH MONTH MAY DAY 21 YEAR 1920		8A. AGE (YEARS LAST BIRTHDAY) 87		8B. IF UNDER 1 YEAR MOS. DAYS		8C. IF UNDER 1 DAY HRS. MIN.	
11. STATE AND CITY OF BIRTH (If not in USA, name country) BENGHAZI, LIBYA		12. CITIZEN OF WHAT COUNTRY? ITALY		13. SOCIAL SECURITY NO. [REDACTED]		14. USUAL OCCUPATION (Give kind of work done most of working life, even if retired) MANAGER	
15. USUAL RESIDENCE 15A. STATE ARIZONA 15B. COUNTY MARICOPA 15C. TOWN OR CITY TONOPAH 15D. ZIP CODE 85354		16. HOW LONG IN ARIZONA? 11 YEARS		17. EDUCATION HIGHEST GRADE COMPLETED ELEMENTARY SECONDARY		18. COLLEGE (1-4 or 5+) 12	
19. FATHER'S NAME A. FIRST CIRO B. MIDDLE DIVIVONA C. LAST PILATO		20. MOTHER'S MAIDEN NAME A. FIRST ANTONIA B. MIDDLE PILATO C. LAST PILATO		21. INFORMANT'S SIGNATURE <i>Donald Tucker</i> 21A. NAME CARLO LONGO 21B. RELATIONSHIP TO DECEASED SON		22. ADDRESS 22A. STREET NO. 24 S. 348th AVE. 22B. CITY AND STATE TONOPAH, AZ 22C. ZIP CODE 85354	
23. BURIAL, CREMATION, REMOVAL, OTHER (Specify) REMBURIAL		24. DATE 4/16/2008		25. CEMETERY OR CREMATORY ARMINGDALE, NY ST. CHARLES CEMETERY		26. EMBALMER'S NAME DONALD TUCKER	
27. FUNERAL HOME 27A. NAME ADOBE CHAPEL FUNERAL HOME 27B. STREET ADDRESS 218 N. CENTRAL AVE. 27C. CITY AND STATE TONOPAH, AZ 27D. ZIP CODE 85323		28. DATE 4/16/2008		29. FUNERAL DIRECTOR OR PERSON IN CHARGE (SIGNATURE) <i>Donald Tucker</i> 29A. NAME DONALD TUCKER		29B. CERT. NO. 463 29C. CERT. NO. 265	
30. SIGNATURE AND TITLE <i>D. GARG</i> 30A. DATE SIGNED (Mo., Day, Year) 4/15/08 30B. HOUR OF DEATH 2201		31. NAME OF ATTENDING PHYSICIAN OF OTHER THAN CERTIFIER (Type or print) D. GARG, MD, 2525 E. CAMELBACK RD., PHOENIX, AZ		32. AUTHORIZED FOR CREMATION (SPECIFY) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. MEDICAL EXAMINER'S SIGNATURE <i>[Signature]</i> 33A. DATE SIGNED (Mo., Day, Year) 4/15/08 33B. HOUR OF DEATH 2201	
34. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		35. 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.		36. SIGNATURE AND TITLE <i>[Signature]</i> 36A. DATE SIGNED (Mo., Day, Year) 4/15/08 36B. HOUR OF DEATH 2201		37. PRONOUNCED DEAD (Mo., Day, Year) 4/15/08 37A. PRONOUNCED DEAD (Hour) 2201	
38. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY D. GARG, MD, 2525 E. CAMELBACK RD., PHOENIX, AZ		39. AUTHORIZED FOR CREMATION (SPECIFY) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40. MEDICAL EXAMINER'S SIGNATURE <i>[Signature]</i> 40A. DATE SIGNED (Mo., Day, Year) 4/15/08 40B. HOUR OF DEATH 2201		41. DATE RECD IN STATE OFFICE MAY 23 2008	
42. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Severe Aortic Stenosis		43. DUE TO OR AS A CONSEQUENCE OF:		44. DUE TO OR AS A CONSEQUENCE OF:		45. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
46. MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		47. DATE OF INJURY MO APR DAY 21 YEAR 2008 47A. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) GOODYEAR		48. INJURY AT WORK? (Specify Yes or No) NO 48A. WHERE LOCATED? GOODYEAR		49. DESCRIBE HOW INJURY OCCURRED NO	
50. SUPPLEMENTARY ENTRIES		51. DATE OF INJURY MO APR DAY 21 YEAR 2008		52. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) GOODYEAR		53. WHERE LOCATED? GOODYEAR	



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

Date Issued: 07/02/2021

Krystal Colburn

KRISTAL COLBURN
ASSISTANT STATE REGISTRAR



ARIZONA DEPARTMENT
OF HEALTH SERVICES

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE