

A.P.N. No.:	007-395-07, 007-395-13
File No.:	2139031 MLC
<b>Recording Requested By:</b>	
<b>Stewart Title Company</b>	
<b>When Recorded Mail To:</b>	
Betty Ann Grasso	
PO Box 2025	
Minden NV 89423	


EUREKA COUNTY, NV **2023-251198**  
 Rec: \$37.00  
 \$37.00 Pgs=4 10/10/2023 03:21 PM  
 STEWART TITLE COMPANY - NV  
 KATHERINE J. BOWLING, CLERK RECORDER

(for recorders use only)

**Affidavit – Death of Joint Tenant  
 (Title of Document)**

**Please complete Affirmation Statement below:**

- I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)
- OR-
- I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380 (1)(a) and NRS 40.525 (5)  
 (State specific law)

  
 \_\_\_\_\_ Agent  
 Signature Title

Sheri Cookson  
 Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

A.P.N. No.:	007-395-07, 007-395-13
File No.:	2139031 MLC
<b>Recording Requested By:</b>	
<b>Stewart Title Company</b>	
Mail Tax Statements To:	<i>Same as below</i>
<b>When Recorded Mail To:</b>	
Betty Ann Grasso	
PO Box 2025	
Minden NV 89423	

**AFFIDAVIT - DEATH OF JOINT TENANT**

State of Nevada                    )  
   ) ss  
 County of Douglas                )

Betty Ann Grasso, of legal age, being first duly sworn, deposes and says: That Salvatore J. Grasso, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Salvatore Grasso named as one of the parties in that certain Deed dated September 4<sup>th</sup>, 1998 executed by Cheyenne Land & Livestock Company Inc, a Nevada Corporation to Salvatore Grasso and Betty Ann Grasso, husband and wife as joint tenants with right of survivorship, recorded as Document No. 170593, on September 10<sup>th</sup> 1998 in Book 321, Page 087 of Official Records of Eureka County Nevada, covering the following described property situated in Eureka County, State of Nevada.

Parcel C as shown on that certain Parcel Map for Marvin and Cecilie Lee filed in the Office of the County Recorder of Eureka County, State of Nevada, on November 24, 1987, as File No. 114555, being a portion of Lot 3 of Parcel B of Large Division Map, E1/2 Section 17, Township 20 North, Range 55 East, M.D.B.&M.

Parcel E as shown on that certain Parcel Map for Salvatore and Betty Ann Grasso filed in the Office of the County Recorder of Eureka County, State of Nevada, on August 19, 1988, as File No. 120754, being a portion of Parcel D of Parcel Map, Document No. 114555, E1/2 Section 17, Township 20 North, Range 53 East, M.D.B.&M.

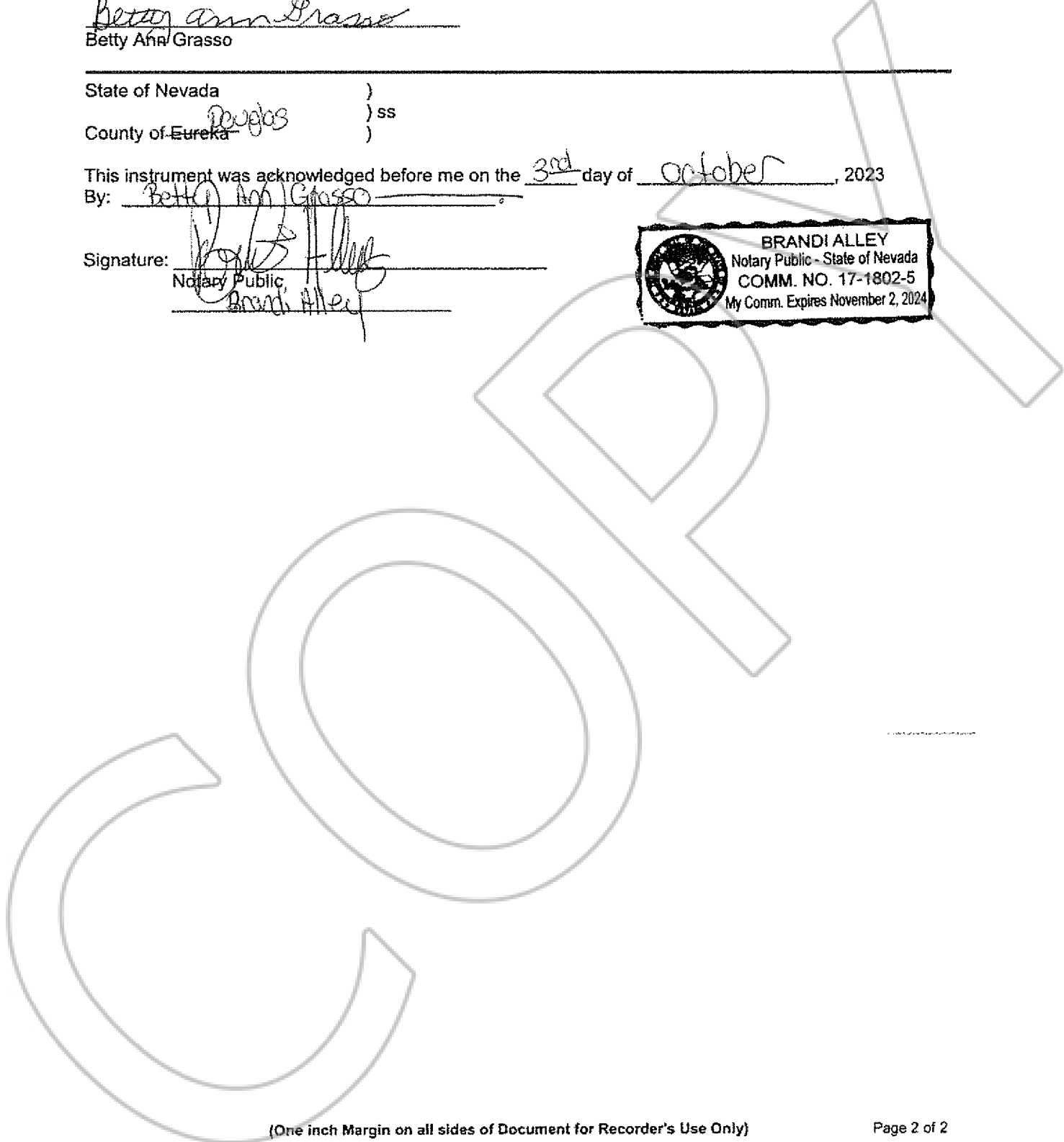
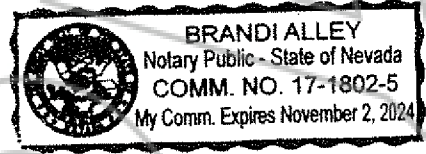
Dated: October 10, 2023.

Betty Ann Grasso  
Betty Ann Grasso

State of Nevada )  
County of Dewets ) ss

This instrument was acknowledged before me on the 3rd day of October, 2023  
By: Betty Ann Grasso

Signature: [Handwritten Signature]  
Notary Public,  
Brandi Alley



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4052457

**CERTIFICATE OF DEATH**

2018022763  
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 STAYING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Salvatore J GRASSO		2. DATE OF DEATH (Mo/Day/Year) November 23, 2018		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient)(Specify) Renown Regional Medical Center Intensive Care Unit (ICU)		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 85	
9a. STATE OF BIRTH (If not US/CA, name, country) New Jersey		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Betty HALL		13. SOCIAL SECURITY NUMBER [REDACTED]	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Crane Operator		14b. KIND OF BUSINESS OR INDUSTRY Crane Rentals		15. Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 892 Mahogany Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Alfio GRASSO			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Maria CASELLA		
18a. INFORMANT-NAME (Type or Print) Betty GRASSO		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 2025 Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CRAIG R COLEMAN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street, Gardnerville NV 89410	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) <b>HOLLY PORTER APRN</b> SIGNATURE AUTHENTICATED			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)		
21b. DATE SIGNED (Mo/Day/Yr) November 30, 2018		21c. HOUR OF DEATH 21:29		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Holly Porter APRN 1155 Mill St Reno, NV 89502			
23b. LICENSE NUMBER APRN002628		24a. REGISTRAR (Signature) <b>VICTORIA STEBBINS</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 30, 2018	
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).)					
PART I					
(a) Non-traumatic Intracranial Hemorrhage					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Unknown Etiology					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II) OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				25. AUTOPSY (Specify Yes or No) No	
26. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home; farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

000746559



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:

12/3/2018

*Julie Katchear*  
SIGNATURE AUTHENTICATED  
STATE REGISTRAR

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

