

**RECORDING COVER PAGE**

**APN# 003-581-10, 005-170-30, 005-240-33, 005-010-40, 005-070-05, 005-520-24, 009-240-06, 009-260-12, 009-290-09,**



KATHERINE J. BOWLING, CLERK RECORDER

**TITLE OF DOCUMENT**

(DO NOT Abbreviate)

Affidavit of Death of Joint Tenant

Document Title on cover page must appear EXACTLY as the first page of the document to be recorded.

**RECORDING REQUESTED BY:**

Julie Cardinalli

**RETURN TO: Name CLIPPER LLC**

**Address PO Box 17537**

**City/State/Zip Reno, NV 89511**

This page provides additional information required by NRS 111.312 Sections 1-2.

To print this document properly, do not use page scaling.

P:\Common\Forms & Notices\Cover Page Template Oct2017

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NV }

SS

COUNTY OF Washoe }

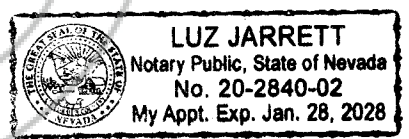
BEFORE ME, the undersigned Notary Public, personally appeared, **Julie M. Cardinalli**, "Affiant", who upon being duly sworn, deposes and states upon his or her oath or affirmation, the following:

1. My name is **Julie M. Cardinalli** and I reside at **1480 Bermuda Circle, Reno, NV 89509**.
2. I owned real property as a joint tenant with **John L. Cardinalli**, such real property located in **Eureka** County, State of **Nevada**, described as follows:  
  
See Attached Legal Description.
3. **John L. Cardinalli**, my joint tenant identified above, departed this life on the **11th** day of **November, 2015**. A copy of the death certificate of **John L. Cardinalli** is attached.
4. On the date of the death of **John L. Cardinalli**, the above described real estate was owned by **John L. Cardinalli** and **Julie M. Cardinalli**, as joint tenants and the joint tenancy had not been severed by any act of the parties or by operation of law.
5. Affiant is the sole surviving joint tenant of the property described above.

Dated this the 9<sup>th</sup> day of May, 2024.

Julie M. Cardinalli  
Affiant

SWORN TO AND SUBSCRIBED before me this the 9<sup>th</sup> day of May, 2024.



Luz Jarrett  
NOTARY PUBLIC

My Commission Expires: 01/28/28

- 1) The real property located in Eureka, Nevada, APN: 003-581-10, more particularly described as follows, to wit:

*Lot Eleven (11), in Block One (1), Pallisade Townsite.*

- 2) The real property located in Eureka, Nevada, APN: 005-170-30, more particularly described as follows, to wit:

*Mount Diablo Meridian, Nevada.*

*Sec. 17, Twp. 30, R. 48*

*N ½ SE ¼ ; containing 80 acres,  
and*

*SE ¼ SE ¼ ; containing 40 acres.*

- 3) The real property located in Eureka, Nevada, APN: 005-240-33, more particularly described as follows, to wit:

*Mount Diablo Meridian, Nevada.*

*N ½ of NE ¼ of NE ¼ , Sec. 33, T. 30 N., R. 48 E.,  
containing 20 acres.*

- 4) The real property located in Eureka, Nevada, APN: 005-010-40, more particularly described as follows, to wit:

*Mount Diablo Meridian, Nevada.*

*Section 13, Township 31, Range 48*

*NW ¼ NW ¼*

*Containing 40 acres, more or less.*

- 5) The real property located in Eureka, Nevada, APN: 005-070-05, more particularly described as follows, to wit:

*Mount Diablo Meridian, Nevada.*

*Section 35, Township 31, Range 48*

*NE ¼ NE ¼*

*Containing 38.94 acres, more or less.*

- 6) The real property located in Eureka, Nevada, APN: 005-520-24, more particularly described as follows, to wit:

Mount Diablo Meridian, Nevada  
SE ¼ of SW ¼, Sec. 19, T. 29N., R. 49 E.,  
Containing 40 acres.

- 7) The real property located in Eureka, Nevada, APN: 009-240-06, more particularly described as:

*Patented Mines:*

*One-half ( ½ ) Jefferson*

*U.S. Sur No. 84*

*Patent No. 2293*

- 8) The real property located in Eureka, Nevada, APN: 009-260-12, more particularly described as:

*Patented Mine – Clipper Lode,*

*U.S. Sur. No. 155*

*Patent No. 4454*

*Patented Mine – Golden Rule Lode*

*U.S. Sur. No. 132*

*Patent No. 3943*

*Patented Mine – Sentinel*

*U.S. Sur. No. 305*

*Patent No. 11969*

- 9) The real property located in Eureka, Nevada, APN: 009-290-09, more particularly described as:

*Patented Mines:*

*One-half ( ½ ) Bromide*

*U.S. Sur No. 44*

*One-half ( ½ ) Irish Imbassador*

*U.S. Sur No. 202A*

*Patent No. 5393*

*Millsite:*

*One-half ( ½ ) Irish Imbassador*

*U.S. Survey No. 202B*

**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

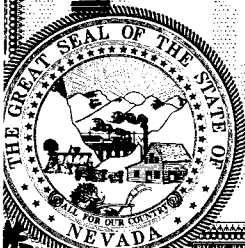
CAUSE OF  
DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>John Lynn CARDINALLI</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 11, 2015</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION-Name(If not either, give street or <b>Ormsby Heights</b> Inpatient(Specify) <b>Assisted Living</b>		4. SEX <b>Male</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>81</b>	
9a. STATE OF BIRTH (If not U.S.A.) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (Maiden name): <b>Julie MOORE</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>August 30, 1934</b>	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Investor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Financial</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>1041 Longview Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>John Anthony CARDINALLI</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Hilda SIGURDSON</b>		18a. INFORMANT- NAME (Type or Print) <b>Julie M CARDINALLI</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1041 Longview Way Carson City, Nevada 89703</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER(Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such): <b>JOHN LAWRENCE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lompa Ln Carson City NV 89701</b>	
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>NITA SCHWARTZ M.D.</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>November 18, 2015</b>		21c. HOUR OF DEATH <b>15:50</b>	
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) <b>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>9114</b>		24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 18, 2015</b>		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) <b>Parkinsons Disease</b> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)	
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26. DATE OF INJURY (Mo/Day/Yr)		26. HOUR OF INJURY	
26. 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. CITY OR TOWN STATE	
26. DESCRIBE HOW INJURY OCCURRED		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	

STATE REGISTRAR

3863624



805970

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.

STATE REGISTRAR  
**[Signature]**  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

