

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:

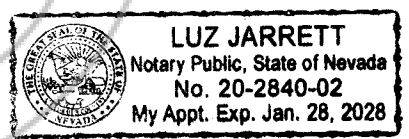
1. My name is **Julie M. Cardinalli** and I reside at **1480 Bermuda Circle, Reno, NV 89509**.
2. I owned real property as a joint tenant with **John L. Cardinalli**, such real property located in **Eureka** County, State of **Nevada**, described as follows:

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 9th day of May, 2024.

Julie M. Cardinalli
Affiant

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



Lu 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 Imbassendor

U.S. Sur No. 202A

Patent No. 5393

Millsite:

One-half (½) Irish Imbassendor

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) 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 Ormsby Heights		3e. If Hosp. or Inst. indicate DOA OP/Emer. Rm. Assisted Living	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) August 30, 1934		9a. 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 [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Investor		14b. KIND OF BUSINESS OR INDUSTRY Financial	
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) Hilda 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 Lompa Ln Carson City NV 89701	
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) NITA SCHWARTZ M.D.			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 18, 2015		21c. HOUR OF DEATH 15:50		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):		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).)					
PART I (a) Parkinsons Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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		28h. STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

805970 CERTIFIED COPY OF VITAL RECORDS

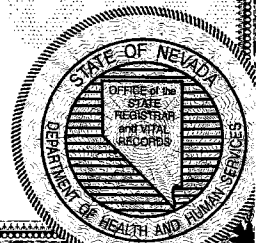
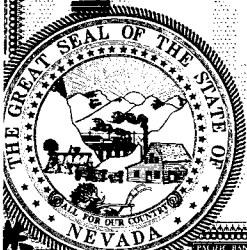
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

11/25/2015

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

STATE REGISTRAR
R. White
SIGNATURE AUTHENTICATED



VRS-Rev-20120523a

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