

APN: 005-050-15

EUREKA COUNTY, NV
RPTT:\$0.00 Rec:\$37.00
\$37.00 Pgs=2
TRUSTMASTERS, INC.
KATHERINE J. BOWLING, CLERK RECORDER
2025-254435
04/17/2025 01:11 PM

After Recording Return To:

Linda Sasala
200 Cortelyou Avenue
Staten Island, NY 10312

The undersigned hereby affirms that this document submitted for recording contains the social security number on the attached certified copy of the death certificate per N.R.S. 40.525 and 440.380.


Signature of Declarant or Agent

AFFIDAVIT OF DEATH OF JOINT TENANT

1. I, LINDA MUSCIO SASALA, do hereby affirm under penalty of perjury that the assertions of this Affidavit are true:

2. I am an adult over 18 years of age and have personal knowledge of the facts stated herein.

3. I am the Wife of STEPHEN N.J. SASALA, also known as, STEPHEN SASALA

4. Pursuant to the Grant Deed recorded on September 30, 2021, as Document No. 21246387 of the Official Records of Eureka County, Nevada, STEPHEN N. J. SASALA and LINDA MUSCIO SASALA husband and wife, acquired title as Joint Tenants with Right of Survivorship to the real property situate in Eureka County, Nevada, containing Assessor's Parcel Number 005-050-15.

5. Based on said Grant Deed, the legal description of the real property subject to the joint tenancy is:

All that certain real property in the County of Eureka, State of Nevada bounded and described as follows:


T31N,R48E SEC 29 NW4SE4NE4 (District 4.0) Recorded in BOOK 53, PAGE 168.

6. LINDA MUSCIO SASALA's husband, STEPHEN N. J. SASALA, also known as STEPHEN SASALA, died on October 17, 2021, as reflected in the Certified Copy of his Death Certificate attached hereto. Thereafter, LINDA MUSCIO SASALA owns the real property described herein.


LINDA MUSCIO SASALA

STATE OF NEW YORK)
) ss:
COUNTY OF RICHMOND)

On the 17th day of April, in the year 2025, before me, the undersigned, a Notary Public in and for said state, personally appeared Linda Sasala, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her capacity, and that by her signature on the instrument, the person or the entity upon behalf of which the person acted, executed the instrument.


Notary Public

MARY T. RYAN
Notary Public, State of New York
No. 01RY6422113
Qualified in Richmond County
Commission Expires September 13, 2025

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK — DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Certificate No. 156-21-050343

NEW YORK CITY
DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
Oct 18, 2021 10:54 AM

1. DECEDENT'S
LEGAL NAME **STEPHEN SASALA**
(First, Middle, Last, Suffix)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)	2a. New York City	2c. Type of Place	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility	2d. Any Hospice care in last 30 days	2e. Name of hospital or other facility (if not facility, street address)
	2b. Borough Bronx	1 <input checked="" type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival	5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Unknown	Calvary Hospital
PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City Burial, by Physician)	Date and Time of Death	3a. (Month) (Day) (Year-yyyy)	3b. Time	4. Sex	5. Date last attended by a Physician
		October 17 2021	6:45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Male	mm dd yyyy 10 16 2021
6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.					
Name of Medical Certifier SANJEEV GUPTA (Type or Print)		Signature <i>Sanjeev Gupta</i>		Signature Electronically Authenticated	
Address 1740 Eastchester Rd Bronx, NY 10461		License No. 174208		Date OCT-17-2021	
7a. Usual Residence State	7b. County	7c. City or Town	7d. Street and Number	Apt. No.	ZIP Code
New York	Richmond	Staten Island	200 Cortelyou Ave		10312
8. Date of Birth (Month) (Day) (Year-yyyy)	9. Age at last birthday (years)	10. Social Security No.			
February 01 1950	71	[REDACTED]			
11a. Usual Occupation (Type of work done during most of working life. Do not use "retired") Lawyer		11b. Kind of business or industry Law		12. Aliases or AKAs Stephen N.J. Sasala Esq.	
13. Birthplace (City & State or Foreign Country) Brooklyn, New York		14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 <input type="checkbox"/> 8th grade or less, none 4 <input type="checkbox"/> Some college credit, but no degree 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) 2 <input type="checkbox"/> 9th - 12th grade, no diploma 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 8 <input checked="" type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) 3 <input type="checkbox"/> High school graduate or GED 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)			
15. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	16. Marital/Partnership Status at time of death 1 <input checked="" type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify		17. Surviving Spouse's/Partner's Name (prior to first marriage) (First, Middle, Last) Linda A Musico		
18. Father/Parent Name (Prior to first marriage) (First, Middle, Last) Stephen N Sasala			19. Mother/Parent Name (Prior to first marriage) (First, Middle, Last) Dorothy Baxter		
20a. Informant's Name Linda A Sasala		20b. Relationship to Decedent Spouse		20c. Address (Street and Number Apt. No. City & State ZIP Code) 200 Cortelyou Ave Staten Island, NY 10312	
21a. Method of Disposition 1 <input type="checkbox"/> Burial 2 <input checked="" type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify		21b. Place of Disposition (Name of cemetery, crematory, other place) Rosehill Crematory			
21c. Location of Disposition (City & State or Foreign Country) Linden, New Jersey		21d. Date of Disposition mm dd yyyy 10 18 2021			
22a. Funeral Establishment John Vincent Scalia Home for Funerals, Inc.		22b. Address (Street and Number City & State ZIP Code) 28 Eltingville Blvd Staten Island, NY 10312			
No Correction History.***					

EVT202110524753

October 18, 2021

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

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Gretchen Van Wye
Gretchen Van Wye, PhD, City Registrar



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