

Declaration Death of Joint Tenant

I, ADELINE GHENO declare as follows:

THAT JOHN BATISTA GHENO the Decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOHN GHENO named as one of the parties in that certain Joint Tenancy Deed executed by Topaz Development Corporation, A Nevada Corporation to JOHN GHENO and ADELINE GHENO, husband & wife as JOINT TENANTS, dated October 12, 1972 recorded on October 13, 1972 in Book 1072 Page 342 of official records in the office of the County Recorder of the County of Douglas State of ~~California~~ Nevada.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 26 1978., at SAN FRANCISCO, CA

Adeline Gheno

DECLARANT

ADELINE GHENO

Law Offices
PAOLINI, PAOLINI & DOBBINS
A Professional Corporation
4657 Mission Street
San Francisco, Ca. 94112
586-3600

22711

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DECLARATION OF DEATH OF JOINT TENANT JOHN GHENO

STATE OF CALIFORNIA)
City and County of San Francisco) ss.

On this 26 day of June, 1978, before the undersigned Notary Public in and for the State of California, personally appeared ADELINE GHENO, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that she executed the same.

Mario G. Paolini
NOTARY PUBLIC MARIO G. PAOLINI
In and for the State of California.

(SEAL)



A F F I D A V I T

STATE OF CALIFORNIA)
City and County of San Francisco) ss.

ADELINE GHENO, being first duly sworn, on her oath, deposes and says:

THAT she is the declarant in the foregoing Declaration re Joint Tenancy; that she has read the foregoing Declaration and knows the contents thereof; and that the matters therein stated are true of her own knowledge.

Adeline Gheno
ADELINE GHENO

Subscribed and sworn to before me
this 26 day of June, 1978.



(SEAL)

Mario G. Paolini
NOTARY PUBLIC MARIO G. PAOLINI
In and for the State of California.

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

3200-106

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1a. NAME OF DECEASED—FIRST NAME John		1b. MIDDLE NAME Batista		1c. LAST NAME Gheno		2a. DATE OF DEATH—MONTH, DAY, YEAR Sept. 26, 1977		2b. HOUR 2:45 P.	
3. SEX Male	4. COLOR OR RACE White	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California		6. DATE OF BIRTH March 1, 1914		7. AGE (LAST BIRTHDAY) 63 YEARS		IF UNDER 1 YEAR IF UNDER 24 HOURS	
8. NAME AND BIRTHPLACE OF FATHER Vittorio Gheno Italy				9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Constanza Cavalli Italy					
10. CITIZEN OF WHAT COUNTRY USA		11. SOCIAL SECURITY NUMBER [REDACTED]-2530		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Adeline Ghigliazza			
14. LAST OCCUPATION Teamster		15. NUMBER OF YEARS IN THIS OCCUPATION 25		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF FULLY EMPLOYED, SO-STATE) Diamond Nat. Drayage		17. KIND OF INDUSTRY OR BUSINESS Drayage			

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY Seneca Hospital		18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) Brentwood Dr.		18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) yes	
18d. CITY OR TOWN Chester		18e. COUNTY Plumas		18f. LENGTH OF STAY IN COUNTY OF DEATH 4 days YEARS	
18g. LENGTH OF STAY IN CALIFORNIA Life YEARS					

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 289 Schwerin St.		19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) yes		20. NAME AND MAILING ADDRESS OF INFORMANT Adeline Gheno San Francisco, California	
19c. CITY OR TOWN San Francisco		19d. COUNTY San Francisco		19e. STATE California	

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW (INVESTIGATION OR REQUEST)		21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM [] TO [] AND [] (LAST DAY THE DECEASED WAS ALIVE ON CENTER MONTH, DAY, YEAR)		21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE [Signature] Chief Deputy Coroner	
Investigation				21d. DATE SIGNED 9.30.77	
				21e. ADDRESS Quincy, Calif	

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Burial		22b. DATE 9-30-77		23. NAME OF CEMETERY OR CREMATORY Italian Cemetery		24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER [Signature] 4676	
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Rouland Funeral Chapel		26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)		27. LOCAL REGISTRAR—SIGNATURE [Signature]		28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR 9-30-77	

CAUSE OF DEATH	29. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	(A) subarachnoid intrapulmonary & gastric hemorrhage				min
	(B) thrombocytopenic purpura				yrs
(C) adenocarcinoma & cancer chemotherapy			yrs		

30. PART II. OTHER SIGNIFICANT CONDITIONS— CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.		31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY) no		32. AUTOPSY (SPECIFY YES OR NO) yes		32a. IF YES, WERE ANY TOXIC SUBSTANCES CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO) yes	
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33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)		35. INJURY AT WORK (SPECIFY YES OR NO)		36a. DATE OF INJURY—MONTH, DAY, YEAR		36b. HOUR	
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19) MILES		38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)		39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)	
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)									

STATE REGISTRAR	A.	B.	C.	D.	E.	F.
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DATES OF AMENDMENTS, IF ANY

CERTIFICATION STATEMENT: This is to certify that the above is a true and correct copy of facts recorded on the death record of the above named decedent as registered in this office.

SIGNATURE OF CERTIFYING OFFICIAL [Signature]		OFFICIAL TITLE	
PLACE OF CERTIFICATION Plumas County Health Department, Quincy, Ca 95971		DATE OF CERTIFICATION 10/5/77	

937711

COPY

REQUESTED BY
DOUGLAS COUNTY TITLE
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA
\$6.00 pd
1978 JUL -6 PM 2:12

PATRICIA J. WILLIAMS
RECORDER

Edna Slater
dep.

22711

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