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AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA, )  
 : SS  
COUNTY OF WASHOE. )

JOSEPHINE M. BELLI, being first duly sworn,  
deposes and says:

1. That affiant is the wife of CLARENCE WILLIAM BELLI who died on October 26, 1980, in Reno, Nevada, as set forth in the certified death certificate attached hereto.

2. That affiant and CLARENCE WILLIAM BELLI, deceased, held as joint tenants, certain real property located in Douglas County, Nevada, more particularly described as follows:

All that certain lot or parcel of land lying and being in a portion of the NE 1/4 of the NW 1/4 of Section 4, T. 12 N., R. 20 E., M.D.B. & M., in Gardnerville, Douglas County, Nevada, and more particularly described by metes and bounds as follows, to-wit:

Beginning at a point at the northeast corner of the parcel and 31.72 feet south from the line between Townships 12 and 13 N., R. 20 E., and on the southerly side of the county roadway, or Douglas Avenue, said point of beginning being further described as bearing S. 88°20'18" E. a distance of 917.37 feet from the so-called Dettling Monument to the Town of Gardnerville, said Monument being described as bearing S. 89°48'45" W. a distance of 3960.40 feet from the northeast corner of said Section 4; thence from said point of beginning S. 0°09' E. a distance of 150.00 feet to a point at the southeast corner of the parcel; thence S. 89°51' W. a distance of 44.25 feet to a point on the easterly side of the State Highway right of way line; thence N. 51°06' W. along the easterly side of said highway a distance of 61.85 feet to a point; thence N. 20°28' W. a distance of 118.25 feet to a point at the northwest corner of the parcel, on the southerly side of said Douglas Avenue; thence N. 89°51' E. along the southerly side of said Avenue a distance of 133.30 feet to the point of beginning, said parcel containing 0.35 of an acre, more or less.

3. That said joint tenancy was created by a certain Grant, Bargain and Sale Deed dated July 17, 1951, between HERBERT L. DRESSLER and ELLEN DRESSLER, his wife, parties of the first part, and affiant and CLARENCE WM. BELLI, her husband, parties of the second part, as joint tenants. Said deed is recorded in Book 3, at page 527,

1 Deeds, Douglas County, Nevada.

2 DATED: December 18, 1980.

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*Josephine M. Belli*  
JOSEPHINE M. BELLI

5

6 Subscribed and sworn to before me


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this 18<sup>th</sup> day of December, 1980.

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*Colette L. Keen*  
Notary Public

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10  COLETTE L. KEEN  
11 Notary Public - State of Nevada  
12 Washoe County  
13 My Appointment Expires Mar. 8, 1983

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STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

ROLL 49 IMAGE 134

1455

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

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER 1455		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. Clarence William BELLI		DATE OF DEATH (Month, Day, Year) 2. October 26, 1980	
CITY, TOWN, OR LOCATION OF DEATH 3b. Reno, Nevada		HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) 3c. Veterans Administration Medical Center	
FACE—(e.g., White, Black, American Indian, etc.) (Specify) 4a. White		ETHNIC 4b. Swiss/Italian	
AGE—Last Birthday (Years) 5a. 74		UNDER 1 YEAR MOS : DAYS 5b. :	
UNDER 1 DAY HOURS : MINS. 5c. :		DATE OF BIRTH (Mo., Day, Yr.) 6. March 26, 1906	
SEX 7. Male		II Hosp or Inst Indicate DOA, GP/Emer, Im, Inpatient (Specify) 3d. Inpatient	
STATE OF BIRTH (If not U.S.A., name country) 8. Nevada		CITIZEN OF WHAT COUNTRY 9. U.S.A.	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. married		SURVIVING SPOUSE (If wife, give maiden name) 11. Josephine Mastroianni	
SOCIAL SECURITY NUMBER 13. ██████████ 6954		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Evgn if Retired) 14a. Cabinet maker	
KIND OF BUSINESS OR INDUSTRY 14b. carpentry		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. Yes	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	
CITY, TOWN, OR LOCATION 15c. Gardnerville		STREET AND NUMBER 15d. 110 Toler Ave	
INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes		FATHER—NAME First Middle Last 16. Nelson Belli	
MOTHER—MAIDEN NAME First Middle Last 17. Mary Cremetti		INFORMANT—NAME (Type or Print) 18a. VA Medical Center Records	
MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1000 Locust St., Reno, Nevada 89520		BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial	
CEMETERY OR CREMATORY—NAME 19b. Mountain View Cemetery		LOCATION City or Town State 19c. Reno, Nevada	
FUNERAL DIRECTOR—SIGNATURE (If Person Acting as Such) 20a. <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY 20b. Walton Funeral Home 875 W. Second St., Reno, Nevada	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b. Oct 27, 1980		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 and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b. :	
HOUR OF DEATH 21c. 2:35 A.M.		HOUR OF DEATH 22c. :	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. :		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	
PRONOUNCED DEAD (Hour) 22e. AT		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COHONER) (Type or Print) 23. DIRK VANDERGON, M.D., VA Medical Center, 1000 Locust St., Reno, NV 89520	
REGISTRAR 24a. (Signature) <i>[Signature]</i> Deputy Registrar		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. November 14, 1980	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) Cardiorespiratory arrest DUE TO, OR AS A CONSEQUENCE OF:		: minutes	
(b) Septicemia DUE TO, OR AS A CONSEQUENCE OF:		: 5 days	
(c) Brain tumor		: 4 months	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 26. NO	
WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) 27. No		ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 28a. :	
DATE OF INJURY (Mo., Day, Yr.) 28b. :		HOUR OF INJURY 28c. M	
DESCRIBE HOW INJURY OCCURRED 28d. :		INJURY AT WORK (Specify Yes or No) 28e. :	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. :		LOCATION 28g. :	
STREET OR R.F.D. No.		CITY OR TOWN	
STATE			

51921

Nº 19188

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SEAL

ON 17 NOV 1980

*Edward J. Bartlett*

ACTING REGISTRAR VITAL STATISTICS

BY

*Edward J. Bartlett*

DEPUTY REGISTRAR

THIS COPY IS REPRODUCED  
PHOTOGRAPHICALLY FROM  
MICROFILM RECORDS AND  
MAY IN TIME CHANGE IN  
COLOR OR APPEARANCE  
THE FEE FOR THIS  
CERTIFICATE IS \$2.00

REQUESTED BY

*Vargas + Bartlett*

IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

*\$ 6.00 pd*

1980 DEC 23 PM 3: 38

MARIE A. RABEL  
RECORDER

*Carol Hart*  
*Dep.*

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