

AFFIDAVIT OF DEATH OF JOINT TENANT

1
2 STATE OF NEVADA,)
3 : SS.
4 COUNTY OF DOUGLAS.)

5 BENJAMIN SOLARI, being first duly sworn, deposes and says:

6 1. Affiant is over the age of 21 years and competent to be
7 a witness to the matters hereinafter stated.

8 2. Affiant is BENJAMIN SOLARI, the person named as Benjamin
9 Solari, husband of Katherine L. Solari, one of the grantees of
10 that certain Deed recorded May 22, 1973, as Document No. 66377,
11 in Book 573, Page 807, of the Official Records of Douglas County,
12 Nevada, in the Office of the County Recorder of Douglas County,
13 State of Nevada.

14 3. That KATHERINE L. SOLARI was one of the grantees named
15 in said Deed and was the identical person named as KATHERINE LOUISE
16 SOLARI, the decedent, in that certain Death Certificate, a certi-
17 fied copy of which is annexed hereto and made a part hereof.

18 Benjamin Solari
19 BENJAMIN SOLARI

20 STATE OF NEVADA,)
21 : SS
22 COUNTY OF DOUGLAS.)

23 On this 29th day of January, 1982, personally ap-
24 peared before me, a Notary Public, in and for said Douglas County,
25 State of Nevada, BENJAMIN SOLARI known to me to be the person
26 described in and who executed the foregoing instrument, who ac-
27 knowledged that he executed the same freely and voluntarily and
28 for the uses and purposes therein mentioned.

29 WITNESS my hand and official seal.



30 David Mathews
31 NOTARY PUBLIC in and for
32 said County and State.

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

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

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Katherine Louise SOLARI		2. January 19, 1982		3a. Carson City		COUNTY OF DEATH	
3b. Carson City		3c. Carson-Tahoe Hospital		3d. yes		3e. Inpatient	
4a. White		4b. German/English		5a. 64		6. April 12, 1917	
8. New York		9. U.S.A.		10. Married		11. Benjamin Solari	
13. 2542		14a. Homemaker		14b. Own Home		12. No	
15a. Nevada		15b. Douglas		15c. Zephyr Cove		15d. 728 Cedar Street	
16. August Schramm		17. Katharina Kehnroth		18a. Benjamin Solari		18b. P.O. Box 454, Zephyr Cove, NV 89448	
19a. Burial		19b. Masonic Memorial Gardens		19c. Reno		19d. Nevada	
20a. <i>Phil M. Aldrich</i>		20b. Ross, Burke and Knobel Mortuary, Reno, Nevada 89502		21a. <i>Phil M. Aldrich</i>		21c. 11:55 P.M.	
21b. 1-20-82		21d. Phil M. Aldrich, M.D., 412 W. Ann Street, Carson City, NV 89701		22a. <i>Phil M. Aldrich</i>		22c. AT	
23. <i>Phil M. Aldrich</i>		24b. January 21, 1982		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		24d. Interval between onset and death	
25. Metastatic Carcinoma		25. Breast Carcinoma		26. NO		27. NO	
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST		28b. DATE OF INJURY		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK		28f. PLACE OF INJURY		28g. LOCATION		28h. STREET OR R.F.D. No.	

DECEDENT

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH



This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: JAN 21 1982

John H. Carr, M.D.
John H. Carr, M.D.
STATE REGISTRAR



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