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STATE OF NEVADA,

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COUNTY OF DOUGLAS.

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

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

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

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

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STATE OF NEVADA,

COUNTY OF DOUGLAS.

mullery day of On this , 1982, personally appeared before me, a Notary Public, in and for said Douglas County, State of Nevada, BENJAMIN SOLARI known to me to be the person described in and who executed the foregoing instrument, who ac-26 knowledged that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.

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DAVID MA

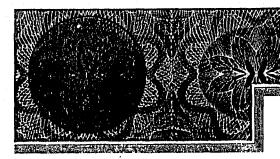
said County and State.

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64573

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David Mathews Attorney and Counselor at Law P.O. Box 251 Minden, Nevada 89423 (702) 782-8188



(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			. '	STATE FILE NUMBER
TYPE OR PRINT	DECEASED-NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
PERMANENT BLACK INK	Kat	herine Louise	SOLARI STITUTION—Name (If not either, give	January 19, 1982	3a. Carson City If Hosp. or Inst. indicate DOA, OP/Emer.
DECEDENT	3b Carson City	₃ Carson-Ta	hoe Hospital	(Specify Yes or No)	Rin. Impatient (Specify) 3e. Inpatient
	RACE (e.g., White, Black, Amer Indian, etc) (Specify) 4a. White	German/English	AGE—Last Birthday (Years) 5a. 64 Sh. 5b.	YS HOURS MINS 6 April	12, 1917 ⁷ Female
H DEATH OCCURRED IN INSTITUTION SEE HANDBOOK	STATE OF BIRTH (If not U.S.A., name country) B New York	9. U.S.A.	MARRIED, NEVER MARR WIDOWED, DIVORCED (Specify) Marrie	d II. Benjamin So	ve maiden name) WAS DECEDENT EVER IN U \$ ARMED FORCES? Specify Yes or Noj No No 12.
REGARDING COMPLETION OF RESIDENCE ITEMS	social security number 2542	Working Life, Even if Reured) 14n. Homemake	e r	KIND OF BUSINESS OF INDUSTRY 14b. Own Home	7 /
 	nesidence— <i>state</i>		city, town, on Location 15c Zephyr Cove	STREET AND NUMBER	treet 15e. yes
PARENTS	16 Augu		Lasi MOTHERM Chramm 17 MAILING ADDRESS	Katharina (Street or R.F.D. No., City or Town	Middle Last Kehnroth , State, Zip)
	180 Benjamin So.		186 P.O. Box	454, Zephyr Cove, NV	89448 City or Town State
DISPOSITION	198 Burial TUNERAL DIRECTON—SIGNATURE	19h Mas(10) Person Acting as Sudil NAME AND	onic Memorial Ga	rdens 190 55 Kietzke Lane,	Reno Nevada
	200 Ross, Burke and Knobel Mortuary, Reno, Nevada 89502				
	due to the cause(s) states of the cause(s) st	> twill	MichMA	at the time, date and place and due t (Signature and Title) DATE SIGNED (Ma., Day, Yr.)	o the cause(s) stated
CERTIFIER	21b - 2 C) - 8 2 21c 11:55	P.M.	्र हुँ 22b.	22c PRONOUNCED DEAD (Hour)
	21d.	OF CERTIFIER IPHYSICIAN, MEDICAL E		22d. ON	22e. AT
		/ /	2 W. Ann Street	, Carson City, NV 89	
CONDITIONS IF ANY WHICH GAVE RISE TO	24a (Signature)	a Manghe	24b Jarle	EGISTRAR (Mo., Day, Yr.) DEATH DUE TO CO	мо [Х
IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART (B)	VIER ONLY ONE CAUSE PER LINE FOR	and como	WQ.	Interval between onset and death
CAUSE LAST	1 to Bhe	ist Cah a	noma		Interval between onset and death
CAUSE OF	(c)				Interval between onset and death
DEATH	PART	ONDITIONS—Conditions contributing to a		n PART 1 (a) AUTOPSY (S. Yes) 26. NO	pecify WAS CASE REFERRED TO OF NO! CORONER (Specify Yes or No) 27 NO
	ACC SUICIDE, HOM, UNDET, OR PENDING INVEST (Spiredy) 28h	DATE OF INJURY IMO. Day, Yr. HOUR 28b 28c.	OF INJURY DESCRIBE HOV M 28d.	/ INJURY OCCURRED	
	INJURY AT WORK (Specify Yes or No) 28e	PLACE OF INJURY—At home, farm, stre- building, etc. (Specif 281.		STREET OR R.F.D. No.	CITY OR TOWN STATE
		11			Nº 39208

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

Date Issued: 1532

John H. Carr, M.D.

John H. Carr, M.D.

STATE REGISTRAR

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IN OFFICIAL RECORDS OF
BOUGLAS CO. NEVADA

1982 FEB - 3 PH 1: 16 SUZANNE BEAUDREAU

RECORDER

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