

AFFIDAVIT OF DEATH OF JOINT TENANT

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

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

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

7 2. Affiant is BENJAMIN SOLARI, the person named as Benjamin
8 Solari, husband of Katherine L. Solari, one of the grantees of
9 that certain Deed recorded July 22, 1981, as Document No. 58469,
10 in Book 781, Page 1440, of the Official Records of Douglas County,
11 Nevada, in the Office of the County Recorder of Douglas County,
12 State of Nevada.

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

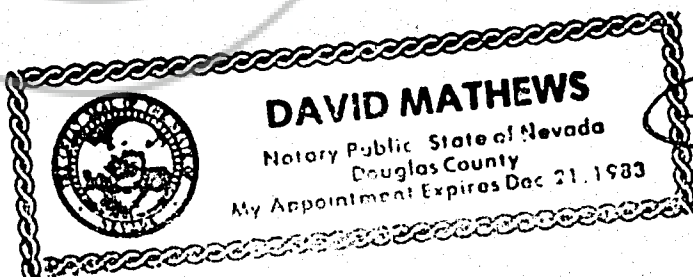
Benjamin Solari

BENJAMIN SOLARI

19
20 STATE OF NEVADA,)
 : SS.
21 COUNTY OF DOUGLAS.)

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

28 WITNESS my hand and official seal.



David Mathews

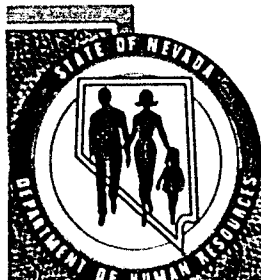
NOTARY PUBLIC in and for
said County and State.

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

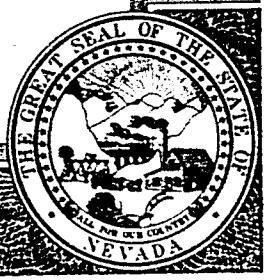
TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		
DECEDENT	1. Katherine Louise SOLARI			2. January 19, 1982		
	CITY, TOWN, OR LOCATION OF DEATH			COUNTY OF DEATH		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b. Carson City			3a. Carson City		
	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)			INSIDE CITY LIMITS (Specify Yes or No)		
PARENTS	3c. Carson-Tahoe Hospital			3d. yes		
	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)			3e. Inpatient		
DISPOSITION	RACE—(e.g., White, Black, American Indian, etc) (Specify)		ETHNIC		AGE—Last Birthday (Years)	
	4a. White		4b. German/English		5a. 64	
CERTIFIER	UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo., Day, Yr.)	
	MOS : DAYS		HOURS : MINS		6. April 12, 1917	
CAUSE OF DEATH	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
	8. New York		9. U.S.A.		10. Married	
SEAL	SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)		12. No	
	11. Benjamin Solari					
NO 39208	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
	13. 2542		14a. Homemaker		14b. Own Home	
VITAL RECORDS	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
	15a. Nevada		15b. Douglas		15c. Zephyr Cove	
VITAL RECORDS	STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)			
	15d. 728 Cedar Street		15e. yes			
VITAL RECORDS	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
	16. August Schramm			17. Katharina Kehnroth		
VITAL RECORDS	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a. Benjamin Solari			18b. P.O. Box 454, Zephyr Cove, NV 89448		
VITAL RECORDS	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
	19a. Burial		19b. Masonic Memorial Gardens		19c. Reno Nevada	
VITAL RECORDS	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY			
	20a. <i>Ray H. Henry</i>		20b. 2155 Kietzke Lane, Ross, Burke and Knobel Mortuary, Reno, Nevada 89502			
VITAL RECORDS	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)			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)		
	21b. <i>Phil M. Aldrich</i>			22b. <i>Phil M. Aldrich</i>		
VITAL RECORDS	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
	21c. 1-20-82		21d. 11:55 P.M.		22c. 1-20-82	
VITAL RECORDS	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		FRONOUNCED DEAD (Mo., Day, Yr.)		FRONOUNCED DEAD (Hour)	
	23. Phil M. Aldrich, M.D., 412 W. Ann Street, Carson City, NV 89701		22d. ON		22e. AT	
VITAL RECORDS	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)					
	23. Phil M. Aldrich, M.D., 412 W. Ann Street, Carson City, NV 89701					
VITAL RECORDS	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE
	24a. <i>John H. Carr</i>			24b. January 21, 1982		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
VITAL RECORDS	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
	PART I (a) Metastatic Carcinoma					
VITAL RECORDS	DUE TO, OR AS A CONSEQUENCE OF					
	(b) Breast Carcinoma					
VITAL RECORDS	DUE TO, OR AS A CONSEQUENCE OF					
	(c)					
VITAL RECORDS	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No)	
					26. NO	
VITAL RECORDS	WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. NO			
VITAL RECORDS	ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
	28a.		28b.		28c.	
VITAL RECORDS	DESCRIBE HOW INJURY OCCURRED		LOCATION. STREET OR R.F.D. NO. CITY OR TOWN STATE			
	28d.		28g.			
VITAL RECORDS	INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28e.	
	28f.		28i.			



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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070081

COPY

REQUESTED BY
David Mathews
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA
600 yst.
1902 FEB -3 PM 1:19

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