

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME Susie B. Marchini  
STREET ADDRESS c/o Lawyers Title  
CITY, STATE, ZIP Box 385 Minden 89423

Order No. Escrow No. 38619 MVM

SPACE ABOVE THIS LINE FOR RECORDER'S USE

# Affidavit--Death of Joint Tenant

STATE OF NEVADA

County of Douglas

} ss.

I, SUSIE B. MARCHINI

, of legal age, being first duly sworn, deposes and says:

That ARCHILLE A. MARCHINI, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Archille A. Marchini named as one of the parties in that certain Grant deed dated January 25th, 1967, executed by Ruth Madera to ARCHILLE A. MARCHINI AND SUSIE B. MARCHINI, his wife, as joint tenants, recorded as Instrument No. 35286, on book 47, page 412, of Official Records of Douglas County, Nevada, covering the following described property situated in the unincorporated area in the County of Douglas, State of Nevada;

Lot 152, as said lot is shown on the Official Plat of Gardnerville Ranchos Unit No. 2, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 1, 1965, in Book 1 of Mpas, Filing No. 28309 and Title sheet amended on June 4, 1965, Filing No. 28377.

APN 27-422-16

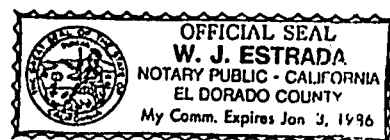
Dated March 25, 1985

*Susie B. Marchini*  
SUSIE B. MARCHINI

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 25th day of March, 1985

*W. J. Estrada*  
Notary Public in and for said County and State

115640  
BOOK 485 PAGE 377



(This area for official notarial seal)

**CERTIFICATION STATEMENT**

This is to certify, that this is a true and correct copy of the vital statistics record which is on file in this office.

Curtiss E. Weidmer, M.D.

**SEAL**

Curtiss E. Weidmer Deputy Registrar  
 Registrar of Vital Statistics JUN 15 1983  
 El Dorado County, California Date

**CERTIFICATE OF DEATH**  
 STATE OF CALIFORNIA

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
1A. NAME OF DECEDENT—FIRST <b>ACHILLE</b>		1B. MIDDLE <b>A.</b>		1C. LAST <b>MARCHINI</b>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <b>June 9, 1983</b>		2B. HOUR <b>1015</b>	
3. SEX <b>Male</b>	4. RACE/ETHNICITY <b>Cauc.</b>	5. SPANISH/HISPANIC <b>NO</b>	6. DATE OF BIRTH <b>September 7, 1906</b>			7. AGE <b>76</b> YEARS	IF UNDER 1 YEAR MONTHS   DAYS	IF UNDER 24 HOURS HOURS   MINUTES	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>New Jersey</b>		9. NAME AND BIRTHPLACE OF FATHER <b>Dominick Marchini - Italy</b>			10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>Clotilda Musa - Italy</b>				
11. CITIZEN OF WHAT COUNTRY <b>United States</b>		12. SOCIAL SECURITY NUMBER <b>██████████-9008</b>		13. MARITAL STATUS <b>Married</b>		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) <b>Susie Africano</b>			
15. PRIMARY OCCUPATION <b>Refuse Plant Operator</b>		16. NUMBER OF YEARS THIS OCCUPATION <b>37</b>	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>Self</b>			18. KIND OF INDUSTRY OR BUSINESS <b>Refuse Plant</b>			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>5601 Gold Hill Road</b>				19B. <b>El Dorado</b>		19C. CITY OR TOWN <b>Placerville</b>			
19D. COUNTY <b>El Dorado</b>				19E. STATE <b>California</b>		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Susie Marchini - wife 5601 Gold Hill Road Placerville, California 95667</b>			
21A. PLACE OF DEATH <b>Marshall Hospital</b>		21B. COUNTY <b>El Dorado</b>		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>Marshall Way</b>		21D. CITY OR TOWN <b>Placerville</b>			
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <i>Metastatic cancer of stomach</i> ← <i>8 mm</i> CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST (B) _____ (C) _____ 24. WAS DEATH REPORTED TO CORONER? <b>NO</b> 25. WAS BIOPSY PERFORMED? 26. WAS AUTOPSY PERFORMED? <b>NO</b>									
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH						27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: <i>Gastrectomy</i> DATE: <i>Nov 1982</i>			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) <i>12/10/81</i> I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) <i>6/4/83</i>		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>H. Roy Rosen, M.D.</i>		28C. DATE SIGNED <i>6/4/83</i>		28D. PHYSICIAN'S LICENSE NUMBER <b>C 15770</b>			
29. SPECIFY ACCIDENT, 30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR			
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) <i>CA 95667</i>				34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)				35B. CORONER—SIGNATURE AND DEGREE OR TITLE				35C. DATE SIGNED	
36. DISPOSITION <b>Burial</b>		37. DATE—MONTH, DAY, YEAR <b>6/11/83</b>		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>HAPPY HOMESTEAD, South Lake Tahoe, CA.</b>				39. EMBALMER—LICENSE NUMBER AND SIGNATURE <b>6032 [Signature]</b>	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>McFARLANE MORTUARY</b>		40B. LICENSE NO. <b>1180</b>		41. LOCAL REGISTRAR—SIGNATURE <i>Curtiss E. Weidmer, M.D.</i>		42. DATE ACCEPTED BY LOCAL REGISTRAR <b>JUN 09 1983</b>			
STATE REGISTRAR		A.		B.		C.		D. <b>115640</b>	
E. <b>BOOK 485</b>		F. <b>PAGE 378</b>							

COPY

REQUESTED BY  
LAWYERS TITLE  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'85 APR -4 A9:47

SUZANNE BEAUDREAU  
RECORDER

\$ 7.00 PAID JM DEPUTY

**115640**

BOOK 485 PAGE 379