

After recording;
✓ Lucille D'Amico
1308 Sanden Lane
Minden, Nevada 89423

Application No. M-1986-5cc

AFFIDAVIT BY SURVIVING JOINT TENANT

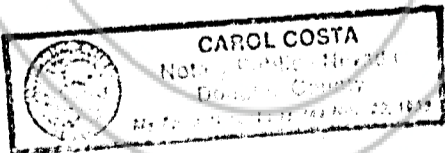
State of NEVADA)
County of DOUGLAS) ss.
)

Lucille D'Amico being first duly sworn, deposes and says:
That affiant is the surviving spouse of Cosimo D'Amico,
and that the affiant and the said Cosimo D'Amico,
deceased are the grantees in joint tenancy with the right of survivorship under a
deed of conveyance affecting the following described real property, situate in the
County of Douglas, State of Nevada, recorded in Book 581,
Page 1272, Document No. 56522.

Lot 12, Block 2, as set forth on the Map of Mountain View Estates No. 2, filed
for record October 24, 1979, as Document No. 38123, Official Records of Douglas
County, State of Nevada
That the said Cosimo D'Amico, one of the joint
tenant grantees in said deed, died on the 2nd day of January, 1986
in the County of Washoe, State of Nevada.
That all interest in and to said real property is vested absolutely in affiant,
namely, Lucille D'Amico as of the date of said decedent's death.

Lucille C. D'Amico
Lucille C. D'Amico

SUBSCRIBED and SWORN to before me this 17th day of January, 1986



Carol Costa
Notary Public

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

ROLL 60 IMAGE 139

LOCAL FILE NUMBER **6**

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE INSTRUCTIONS 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

1. DECEASED—NAME First: Cosimo Middle: Last: D'AMICO		DATE OF DEATH (Month, Day, Year) 2 January 2, 1986		STATE FILE NUMBER	
2. CITY, TOWN, OR LOCATION OF DEATH Reno		3. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) St. Mary's Hospital		3a. COUNTY OF DEATH Washoe	
3b. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		3c. INSIDE CITY LIMITS (Specify Yes or No) Yes		If Hosp or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
4a. ETHNIC Italian		4b. AGE—Last Birthday (Years) 65		4c. UNDER 1 YEAR MOS : DAYS 5b : : 5c : :	
4d. DATE OF BIRTH (Mo., Day, Yr.) March 3, 1920		4e. SEX Male			
8. STATE OF BIRTH (If not U.S.A., name country) Canada		9. CITIZEN OF WHAT COUNTRY U S A		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
11. SOCIAL SECURITY NUMBER 6492		12. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Radio-Telephone Man		13. SURVIVING SPOUSE (If wife, give maiden name) Lucille Lesler	
14a. RESIDENCE—STATE Nevada		14b. COUNTY Douglas		14c. CITY, TOWN, OR LOCATION Minden	
15a. FATHER—NAME First: Pietro Middle: Last: D'Amico		15b. MOTHER—MAIDEN NAME First: Gueselba Middle: Last: Sardo		15c. STREET AND NUMBER 1308 Sanden Lane	
16. INFORMANT—NAME (Type or Print) Lucille D'Amico		17. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1308 Sanden Lane, Minden, Nevada 89423			
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		18b. CEMETERY OR CREMATORY—NAME Lone Mountain Cemetery		18c. LOCATION City or Town: Carson City State: Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE, Or Person Acting as Such <i>Charles H. Edwards</i>		20b. NAME AND ADDRESS OF FACILITY O'Brien-Rogers & Crosby 600 W. 2nd St. Reno, NV 89503			
21a. To be completed by CERTIFYING PHYSICIAN 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>Steven Schiff</i> DATE SIGNED (Mo., Day, Yr.) 1/3/86 21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Steven A. Schiff, M.D.		21c. HOUR OF DEATH 1720		22a. To be completed by Coroner's Office 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) _____ DATE SIGNED (Mo., Day, Yr.) _____ 22b. PRONOUNCED DEAD (Mo., Day, Yr.) _____ 22c. PRONOUNCED DEAD (Hour) _____ 22d. ON _____ 22e. AT _____	
23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) Steven A. Schiff, M.D. 236 West 6th Street, Reno, Nevada 89503					
24a. REGISTRAR (Signature) <i>Virginia Terhune</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) January 3, 1986		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Acute leukemia DUE TO, OR AS A CONSEQUENCE OF (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____ PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					
26. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) 28a		27. DATE OF INJURY (Mo., Day, Yr.) 28b		28. HOUR OF INJURY 28c	
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f		28c. DESCRIBE HOW INJURY OCCURRED 28d	
28d. LOCATION		28e. STREET OR R.F.D. No.		28f. CITY OR TOWN	
28f. STATE		28g. AUTOPSY (Specify Yes or No) 28. NO		28h. WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. NO	

No 52268

VITAL RECORDS

129591

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

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THE ABOVE IS REPRODUCED
 PHOTOGRAPHICALLY FROM
 ORIGINAL RECORDS AND
 MAY IN TIME CHANGE IN
 COLOR OR APPEARANCE

Division of Vital Statistics
 Virginia Landis
 (County Recorder)

JAN 9 1986

REQUESTED BY
Lucille N. Amis
 IN OFFICIAL RECORDS OF
 DOUGLAS COUNTY, NEVADA

'86 JAN 17 AM 1:15

SUZANNE SEANEPEAU
RECORDER

\$ 7.00 PAID Di DEPUTY

129591

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