

WHEN RECORDED,
PLEASE MAIL THIS INSTRUMENT TO

✓ DALE L. SARE, INC.
P.O. Box AK
South Lake Tahoe, CA 95705

Order No. _____
Escrow No. _____
Loan No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF NEVADA
County of Douglas } ss.

ANGELO R. DEMEO, of legal age, being first duly sworn, deposes and says:
That Dorothy Elizabeth DeMeo, the decedent mentioned in the attached certified copy of
Certificate of Death is the same person as Dorothy E. DeMeo
named as one of the parties in that certain Short Form Deed of Trust
and Assignment of Rents dated May 23, 1983
executed by Douglas Anton Hellman
to Norman J. Kamp and Juanita M. Kamp undivided 1/2 interest, and
Angelo R. DeMeo and Dorothy E. DeMeo, joint tenants, 1/2 interest
as joint tenants, recorded as Instrument No. 080830 on May 24, 1983 in
Book 583, Page 3189 of Official Records of Douglas County, Nevada,
covering the following described property situated in the County of Douglas, State of Nevada:

A portion of the Northeast 1/4 of the Northwest 1/4 of Section 26,
Township 13 North, Range 18 East, M.D.B. & M., more particularly
described as follows:

A Portion of Lot 2 of PALADY TRACT NO. 1, more particularly described
as follows:

Beginning at a point on the section line between Section 23 and
26, Township 13 North, Range 18, East, M.D.B. & M., from which the
1/4 corner between Sections 23 and 26 bears South 89 46' East, a
distance of 163.80 feet to a point; thence South 0 08' West, a
distance of 265.93 feet more or less to a point; being the Southeast
corner of the herein described property; thence North 89 46' West, a
distance of 163.80 feet to a point; thence North 0 08' East, a distance
of 265.93 feet more or less to a point; thence South 89 46' East, a
distance of 163.80 feet to the Point of Beginning.

Dated: Sept. 26, 1986

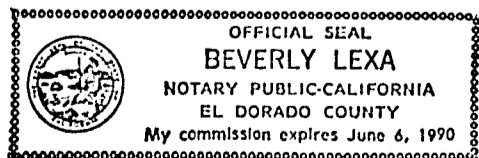
Angelo R. DeMeo
Angelo R. DeMeo

SUBSCRIBED AND SWORN TO before me, the
undersigned a Notary Public in and for said State,
of California, County of El Dorado

this 26th day of Sept., 1986
WITNESS my hand and official seal.

Signature Beverly Lexa
Beverly Lexa

Name (Typed or Printed)



142317
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(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

AUG 22 1986

Registrar of Vital Statistics
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	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR
DOROTHY	ELIZABETH	DeMEO	August 14, 1986		0430
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH		7. AGE
Female	White	NO	August 12, 1914		72 YEARS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER			10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
Missouri	George F. Chaney - Missouri			Elizabeth Cahill - Kansas	
11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
U.S.A.	19 NA TO 19 NA	8962	Married	Angelo DeMeo	
15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS		
Housewife	Adult Life	At Home	Homemaking		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B.	19C. CITY OR TOWN	
680 Keys Blvd.				South Lake Tahoe	
19D. COUNTY	19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		
El Dorado	California		Angelo DeMeo - Husband		
21A. PLACE OF DEATH	21B. COUNTY	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
Barton Memorial Hospital	El Dorado	P.O. Box 612853			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN	South Lake Tahoe, California			
4th and South Ave.	So. Lake Tahoe	95761			
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?
	Respiratory arrest			hrs.	NO
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.	(A)	DUE TO, OR AS A CONSEQUENCE OF	24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?
	(B)	Chronic lung disease	years	NO	NO
	(C)	Coccidiomycosis	years	NO	NO
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER		
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	Robert S. Schulman, M.D.	08/15/86	G32860	
03/07/80	08/13/86	28E. TYPE PHYSICIAN'S NAME AND ADDRESS			
		Robert S. Schulman, M.D. INC. Box 7360 So. Lake Tahoe, Ca. 95731			
29. SPECIFY ACCIDENT, SUICIDE, ETC.	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)	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	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		
Burial	8-19-86	Calvary Cemetery, Los Angeles, Ca.	6907-Michael McFarlane		
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR		
McFarlane Mortuary	1180	Curtiss E. Weidmer, M.D.	8-18-86		
STATE REGISTRAR	A.	B.	C.	D.	E.
VS-11 (1-85)					

REQUESTED BY
Wale L. Lane Inc.
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

'86 OCT -8 AM 129

SUZANNE BEAUREAU
RECORDER
\$6 PAID *Ms* DEPUTY

142317

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