

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
COUNTY OF DOUGLAS)
ss.

VERA G. BUCOLO of legal age, being first
duly sworn, deposes and says:

THAT ANTHONY STEVE BUCOLO, the decedent mentioned
in the attached certified copy of Certificate of Death, is the same person
as ANTHONY S. BUCOLO named as one of the parties
in that certain Deed of Trust dated May 1, 1985,
executed by KENNETH W. GRAFTON and VICKI A. GRAFTON, husband and wife as
joint tenants
to ANTHONY S. BUCOLO and VERA G. BUCOLO, husband and wife
as joint tenants, recorded as Instrument No. 148463
on January 15, 1987, in book 187, page 1293,
of Official Records of Douglas County, Nevada,
covering the following described property situated in the (unincorporated
area) County of Douglas State of Nevada:

That portion of the Southwest 1/4 of Section 10, Township 12 North, Range
20 East, M.D.B. & M., being further described as follows:

Parcel 2 as shown upon that certain Parcel map for Silver State Title
Company recorded March 25, 1975 in Book 375, Page 638, Document No. 78991,
Official Records of Douglas County, State of Nevada.

Assessor's Parcel No. 27-190-12.

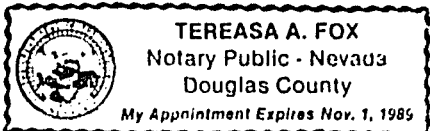
THAT the said decedent, ANTHONY STEVE BUCOLO is one of
the joint tenant grantees in that certain said Deed of Trust
and that all interest in and to said real property is vested absolutely in
affiant, namely VERA G. BUCOLO.

Dated July 8, 1987

Vera G. Bucolo
Vera G. Bucolo

SUBSCRIBED AND SWORN TO before me
this 8th day of July
1987

Signature [Signature]
Tereasa A. Fox
Name (typed or printed)



159948

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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
 El Dorado County, California

AUG 0 7 1986
 Date

CERTIFICATE OF DEATH
 STATE OF CALIFORNIA

3-86-99-000232

STATE FILE NUMBER		STATE OF CALIFORNIA				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR		
	ANTHONY		STEVE		BUCOLO		May 21, 1986		1953		
	3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH		7. AGE	IF UNDER 1 YEAR	IF UNDER 24 HOURS			
	Male	White	NO	August 19, 1920		65 YEARS	MONTHS	DAYS	HOURS	MINUTES	
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER				10. BIRTH NAME AND BIRTHPLACE OF MOTHER				
Rhode Island		Angelo Bucolo - Sicily				Francesca Trifeletti- Sicily					
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 42 to 19 46		[REDACTED] 5142		Married		Vera G. Falabella			
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS					
Commercial Artist		50		The Studio		Graphic Art & Design					
USUAL RESIDENCE	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)				19B.		19C. CITY OR TOWN				
	201 Manor Dr. # 13						Stateline				
PLACE OF DEATH	21A. PLACE OF DEATH			21D. COUNTY		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP					
	Barton Memorial Hospital			El Dorado							
	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			21E. CITY OR TOWN							
4th and South Ave.			So. Lake Tahoe		P.O. Box 5014 Stateline, Nevada 89449						
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER?			
	(A) Coronary insufficiency							YES	25. WAS BIOPSY PERFORMED?		
	(B) Occlusive coronary atherosclerosis								NO	26. WAS AUTOPSY PERFORMED?	
	(C)									YES	
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					
PHYSICIAN'S CERTIFICATION	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.)		28E. TYPE PHYSICIAN'S NAME AND ADDRESS					
INJURY INFORMATION	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)							
CORONER'S USE ONLY	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				
	Investigation				Daniel E. Patton, Captain		5-23-86				
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY			39. EMBALMER'S LICENSE NUMBER AND SIGNATURE				
Burial		5-27-86		Nevada Lone Mountain Cemetery, Carson City, 6907			Michael S. 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.		5-23-86				
STATE REGISTRAR	A.	B.	C.	D. 159948		E. BOOK 887		PAGE 1067			

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

'87 AUG 11 A11:46

SUZANNE BEAUDREAU
RECORDER

S ⁷⁰⁰ PAID ^{up} DEPUTY

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