

8
✓
1 Recorded at Request of:
2 Joseph Dita III
3 350 S. Center Street
4 Suite 380
5 Reno, Nevada 89501

6 Return to: Joseph Dita III

7 AFFIDAVIT -- DEATH OF JOINT TENANT

8 STATE OF NEVADA)
9) ss.
10 COUNTY OF WASHOE)

11 PETER ROOSEVELT SCOLARI, aka, P.R. SCOLARI, of legal age,
12 being first duly sworn, deposes and says:

13 That RAYMOND ALEXANDER SCOLARI, the decedent mentioned in
14 the attached certified copy of Certificate of Death, is the same
15 person as RAYMOND ALEXANDER SCOLARI, aka, R.A. SCOLARI, named as
16 one of the parties in the certain deed of trust made the 24th day
17 of June, 1969, between LOUIS E. CARDOZA, a single man, and
18 VIRGINIA MICHELSEN, a single woman, trustors, NEVADA TITLE
19 GUARANTEE COMPANY, a Nevada Corporation, trustee, and R.A.
20 SCOLARI and P.R. SCOLARI, as joint tenants, beneficiaries,
21 recorded on July 16, 1969, in Book 67, page 679, document number
22 44929 in the Official Records of Douglas County, Nevada, covering
23 the following described property in the County of Douglas, State
24 of Nevada:

25 Lot 9 Block 1, as shown on the plat of ZEPHYR
26 HEIGHTS Subdivision, showing in addition
Block 1 as revised, being portions of Lot 2,
of Section 9 and SW 1/4 of Section 10
Township 13N Range 18E M.D.B.M. filed in the
office of the County Recorder of Douglas
County Nevada on July 5, 1947.
APN 05-182-13

JOSEPH DITA III
ATTORNEY AT LAW
350 SOUTH CENTER STREET
SUITE 380
RENO, NEVADA 89501
TELEPHONE (702) 323-5477

207710

BOOK 789 PAGE 3635

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

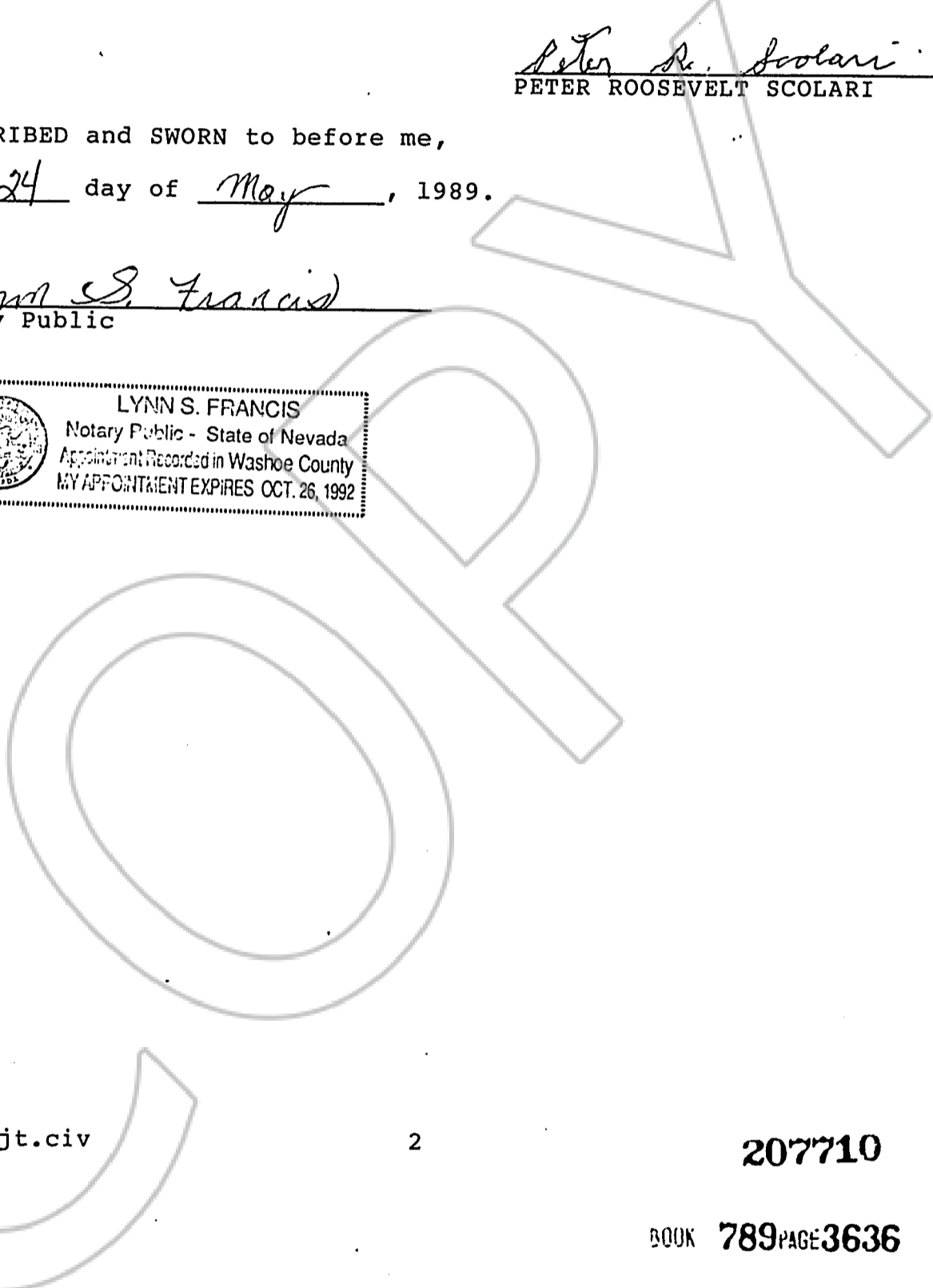
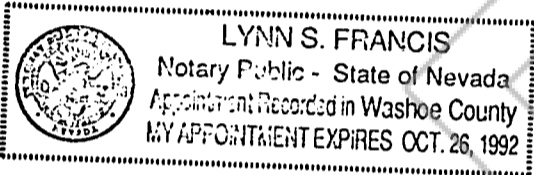
I, PETER ROOSEVELT SCOLARI, do hereby swear, under penalty of perjury, that the assertions of this Affidavit are true.

IN WITNESS THEREOF, Affiant has executed the Affidavit this 24 day of May, 1989.

Peter R. Scolari
PETER ROOSEVELT SCOLARI

SUBSCRIBED and SWORN to before me, this 24 day of May, 1989.

Lynn S. Francis
Notary Public



JOSEPH DITA III
ATTORNEY AT LAW
350 SOUTH CENTER STREET
SUITE 380
RENO, NEVADA 89501
TELEPHONE (702) 323-5477

affi-tjt.civ

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 67 IMAGE 698

300

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		300		STATE FILE NUMBER	
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
DECEDENT	1. Raymond Alexander SCOLARI			2. February 15, 1989		3a. Washoe
	CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
	3b. Reno			3c. St. Mary's Regional Medical Center		3e. Inpatient
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)			Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. White			7a. 83		7b. :
	6. :			7c. :		8. December 7, 1905
	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
	9a. California		9b. U.S.A.		10. 8	
	SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY
	13. -2281			14a. Rancher		14b. Ranching
	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
	15a. Nevada		15b. Washoe		15c. Reno	
	STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)		15e. No	
	15d. 5501 Mayberry Dr.					
PARENTS	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
	16. Peter Scolari			17. Louisa Merlina		
DISPOSITION	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	16a. Cecelia R. Scolari			16b. 5501 Mayberry Drive, Reno, Nevada 89509		
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
	19a. Cremation		19b. Mountain View Crematory		19c. Reno Nevada	
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person to be Served, Such as)			FUNERAL DIRECTOR LICENSE NUMBER		
	20a. <i>[Signature]</i>			20b. 1		
	20c. Ross, Burke & Knobel, 2155 Kietzke Lane, Reno, Nevada 89502					
	To be completed by CERTIFYING PHYSICIAN			To be completed by Coroner's Office		
	21a. <i>[Signature]</i>			22a. <i>[Signature]</i>		
	DATE SIGNED (Mo., Day, Yr.)			DATE SIGNED (Mo., Day, Yr.)		
	21b. 2-17-89			22b. :		
	HOUR OF DEATH			HOUR OF DEATH		
	21c. 1635			22c. :		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		
21d. H. DOUGLAS JONES 633 N. ARUNSTON, RENO, NV.			22d. ON			
21e. 2418			22e. AT			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)			LICENSE NUMBER			
23a. H. DOUGLAS JONES 633 N. ARUNSTON, RENO, NV.			23b. 2418			
CAUSE OF DEATH	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE
	24a. <i>[Signature]</i> Dep			24b. February 21, 1989		24c. 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) RESPIRATORY FAILURE			Interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
	(b) PNEUMONIA + CHRONIC FIBROTIC LUNG DISEASE			Interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
	(c) MID-BRAIN STROKE			Interval between onset and death		
	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)
	26. NO			27. NO		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		
28a. :		28b. :		28c. M		
28d. :		28e. :		28f. :		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		
28g. :		28h. :		28i. :		
28j. :		28k. :		28l. :		

STATE REGISTRAR

No. 002340
207710

BOOK 789 PAGE 3637

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

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

PROXY

No 343403

REQUESTED BY
Joseph Dite III Esq
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'89 JUL 31 A11:27

SUZARNE BEAUBREAU
RECORDER

\$8⁰⁰ PAID K12 DEPUTY

CERTIFIED COPY WAS REPRO-
DUCED FROM THE VITAL STATISTICS
OFFICES OF THE WASHOE COUNTY
HEALTH DEPARTMENT,
WASHOE COUNTY, NEVADA

DATE
MAY 16 1989

W. J. Paul

REGISTRAR/VITAL STATISTICS

David D. Miller

THIS COPY IS REPRODUCED
MICROFILMICALLY FROM
MICROFILM RECORDS AND
MAY BE OPENED UP IN
CASE OF DISCREPANCY

SEAL

207710

BOOK 789 PAGE 3638