

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA)
COUNTY OF NAPA) ss.

Eileen P. Spingola of legal age, being first
duly sworn, deposes and says:

THAT James Stanley Spingola, the decedent mentioned
in the attached certified copy of Certificate of Death, is the same person
as James Stanley Spingola named as one of the parties
in that certain Grant Deed dated March 27, 1978,
executed by THURMAN C. EDDY, JR. and E. LAVERNE EDDY
to Eileen P. Spingola and James Stanley Spingola
as joint tenants, recorded as Instrument No. 99225
on April 3, 1978, in book 478, page 043,
of Official Records of Douglas County,
covering the following described property situated in the records
of the County of Douglas State of Nevada :

A.P.N. 11-251-20

THIS DOCUMENT IS PROVIDED AS AN ACCOMMODATION ONLY
and without liability for its accuracy thereon, or as to the validity
or sufficiency of said instrument, or for the effect of such recording
on the title of the property involved.

THAT the said decedent, James Stanley Spingola is one of
the joint tenant grantees in that certain said Grant Deed
and that all interest in and to said real property is vested absolutely in
affiant, namely Eileen P. Spingola.

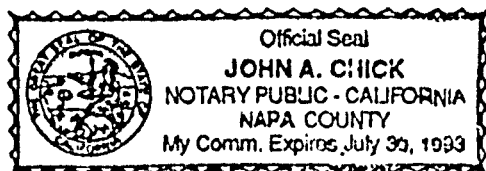
Dated AUGUST 16, 1989 Eileen P. Spingola
Eileen P. Spingola

SUBSCRIBED AND SWORN TO before me
this 16th day of AUGUST,
1989.

Signature John A. Chick

JOHN A. CHICK
Name (typed or printed)

My COMM. EXPIRES JULY 30, 1993



CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

900 57

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER				
1A. NAME OF DECEDENT—FIRST James	1B. MIDDLE Stanley	1C. LAST Spingola	2A. DATE OF DEATH (MONTH, DAY, YEAR) February 1, 1979		2B. HOUR 0827		
3. SEX Male	4. RACE White	5. ETHNICITY American	6. DATE OF BIRTH August 6, 1919	7. AGE 59	IF UNDER 1 YEAR MONTHS DATE	IF UNDER 24 HOURS HOURS MINUTES	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) California	9. NAME AND BIRTHPLACE OF FATHER James Spingola - Italy		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Clotilda Cullen - California				
11. CITIZEN OF WHAT COUNTRY U.S.A.	12. SOCIAL SECURITY NUMBER [REDACTED] - 2482	13. MARITAL STATUS Married	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER Surname) Eileen Carroll				
15. PRIMARY OCCUPATION Electrician	16. NUMBER OF YEARS THIS OCCUPATION 4	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) SCHOOL Lake Tahoe Unified Dist.	18. KIND OF INDUSTRY OF BUSINESS School Maintenance				
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 810 Taylor Way			19B. 19B.	19C. CITY OR TOWN South Lake Tahoe			
19D. COUNTY El Dorado	19E. STATE California	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Eileen Spingola - Wife P.O.Box 7286 South Lake Tahoe, Ca. 95731					
21A. PLACE OF DEATH Barton Memorial Hospital	21B. COUNTY El Dorado	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 4th and South Street					
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 4th and South Street	21D. CITY OR TOWN So. Lake Tahoe						
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Coronary insufficiency.	22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (B) Occlusive coronary atherosclerosis.	22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (C)	23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH	24. WAS DEATH REPORTED TO CORONER? Yes	25. WAS DICKEY PERFORMED? No	26. WAS ALTERA PERFORMED? Yes	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION	27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? DATE						
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER NO. OF YEARS)	28B. PHYSICIAN—SIGNATURE AND DEGREE OF TITLE James J. Adams M.D.	28C. DATE OF DEATH 2-2-79	28D. PHYSICIAN'S LICENSE NO. (IF ANY)				
28E. TYPE PHYSICIAN'S NAME AND ADDRESS							
29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. NATURE OF INJURY	32A. SITE OF INJURY (ANATOMICAL SITE)	32B. HOURS			
33. LOCATION (STREET AND NUMBER OF LOCATION AND CITY OR TOWN)	34. DESCRIBE HOW INJURY OCCURRED (IDENTIFY WHICH APPLICABLE 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 MADE AN ADEQUATE INVESTIGATION Investigation	35B. CORONER—SIGNATURE James J. Adams M.D.	35C. DATE OF DEATH 2-2-79	35D. PHYSICIAN'S SIGNATURE [Signature]				
36. DISPOSITION Burial	37. DATE—MONTH, DAY, YEAR Feb. 5, 1979	38. NAME AND ADDRESS OF CEMETERY OF COEMETARY Happy Homestead Cemetery, So. Lake Tahoe, Ca. 6907	39. EMPLOYER'S SIGNATURE [Signature]				
40. NAME OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH McFarlane Mortuary	41. LOCAL REGISTRATION DISTRICT Curtis E. Woodman	42. DATE OF DEATH February 5, 1979					
STATE REGISTRAR	A.	B.	C.	D.	E.	F.	

SEAL

220813

BOOK 290 PAGE 3770

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA)
COUNTY OF EL DORADO) SS

DATE ISSUED **1979 2 5 1979**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the EL DORADO COUNTY RECORDER

Barbara Carr

EL DORADO COUNTY RECORDER

This copy not valid unless prepared on engraved border displaying seal and signature of County Recorder.

003436

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



REQUESTED BY
Cileen B. Saizola
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

by **FIRST NEVADA TITLE COMPANY**
'90 FEB 27 P12:13

SUZANNE BEAUDREAU
RECORDER

\$7.00 PAID *SK* DEPUTY
BOOK

220813

290 PAGE 3771