

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF Nevada )  
COUNTY OF Douglas )

Dorothy O. Fotinakis, being of legal age,  
and being first duly sworn, deposes and says, that \_\_\_\_\_

Lawrence C. Fotinakis,  
the decedent mentioned in the attached certified copy of Certificate  
of Death, is the same person as Lawrence Constantine Fotinakis  
named as one of the parties in that certain Joint Tenancy Deed  
\_\_\_\_\_, dated August 13, 1990

executed by Leo A. Hanly, President of Western Nevada Properties, Inc.,  
to Lawrence C. Fotinakis and Dorothy O. Fotinakis, husband and wife  
as joint tenants, recorded as Instrument No. 233334, on  
August 28, 1990, in Book 890, Page 4372,  
of Official Records of Douglas County, State of  
Nevada, covering the following described  
property situated in the County of Douglas, State of  
Nevada, as follows:

Lot 109, in Block B, as set forth on the map of WINHAVEN UNIT NO. 1,  
a Planned Unit Development filed for record in the Office of the  
County Recorder of Douglas County, State of Nevada, on January 13, 1989,  
as Document No. 194373. APN 25-643-07.

Dated this 14th day of March, 1991.

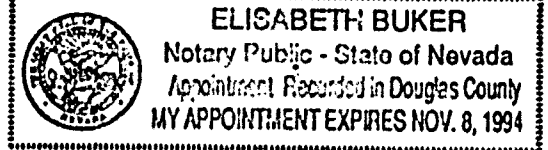
STATE OF Nevada )  
COUNTY OF Douglas ) ss.

Dorothy O. Fotinakis  
Dorothy O. Fotinakis

On March 14, 1991, personally appeared  
before me, a Notary Public, Dorothy O.  
Fotinakis

personally known or proved to me to be the  
persons whose names are subscribed to the above  
instrument who acknowledged that they executed  
the same for the purposes therein stated.

Elisabeth Buker  
Notary Public



✓ WHEN RECORDED, MAIL TO:  
Dorothy O. Fotinakis  
1685 Lantana Drive  
Minden, NV 89423

246597

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# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

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

|  |  |  |  |  |  |  |   |   |  |  |  |  |
|--|--|--|--|--|--|--|---|---|--|--|--|--|
| TYPE OR PRINT IN PERMANENT BLACK INK   | LOCAL FILE NUMBER  |  |  | STATE FILE NUMBER  |  |  |   |   |  |  |  |  |
|  | DECEASED—NAME First Middle Last<br>1 Lawrence Constantine FOTINAKIS  |  |  | DATE OF DEATH (Month, Day, Year)<br>2 November 25, 1990  |  | COUNTY OF DEATH<br>3a Carson City          |   |   |  |  |  |  |
| DECEDENT   | CITY, TOWN, OR LOCATION OF DEATH<br>3b Carson City   |  | HOSPITAL OR OTHER INSTITUTION—Name (If not ether, give street and number)<br>3c Carson-Tahoe Hospital  |  | If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)<br>3d Operating Room  | SEX<br>4 Male                              |   |   |  |  |  |  |
|  | RACE—(e.g., White, Black, American Indian, etc.) (Specify)<br>5 White  |  | Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.<br>6 |  | AGE—Last Birthday (Years)<br>7a 79   | UNDECEASED YEAR<br>WOS : DAYS<br>7b        | UNDECEASED DAY<br>HOURS : MINS<br>7c                              | DATE OF BIRTH (Mo., Day, Yr.)<br>8 April 27, 1911         |  |  |  |  |
| # DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS   | STATE OF BIRTH (If not U.S.A., name country)<br>9a New Jersey  |  | CITIZEN OF WHAT COUNTRY<br>9b USA  |  | Decedent's Education. Specify highest grade completed.<br>10 12  |  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>11 Married |   | SURVIVING SPOUSE (If wife, give maiden name)<br>12 Dorothy Owens |  |  |  |
|  | SOCIAL SECURITY NUMBER<br>13 [REDACTED] 8040   |  | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)<br>14a Retired Composer   |  | KIND OF BUSINESS OR INDUSTRY<br>14b Music  |  |   |   |  |  |  |  |
| PARENTS  | RESIDENCE—STATE<br>15a Nevada  |  | COUNTY<br>15b Douglas  | CITY, TOWN, OR LOCATION<br>15c Minden  |  | STREET AND NUMBER<br>15d 1685 Lantana Dr.  |   | INSIDE CITY LIMITS (Specify Yes or No)<br>15e Yes         |  |  |  |  |
|  | FATHER—NAME First Middle Last<br>16 Peter Fotinakis  |  |  | MOTHER—MAIDEN NAME First Middle Last<br>17 Helen Schregler   |  |  |   |   |  |  |  |  |
| DISPOSITION  | INFORMANT—NAME (Type or Print)<br>18a Dorothy Fotinakis  |  |  | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)<br>18b 1685 Lantana Drive, Minden, Nevada 89423 |  |  |   |   |  |  |  |  |
|  | BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br>19a Removal - Burial  |  | CEMETERY OR CREMATORY—NAME<br>19b San Fernando Mission Hills Cemetery  |  | LOCATION City or Town State<br>19c Mission Hills California  |  |   |   |  |  |  |  |
| CERTIFIER  | FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)<br>20a <i>Willie [Signature]</i>   |  | FUNERAL DIRECTOR LICENSE NUMBER<br>20b 21  |  | NAME AND ADDRESS OF FACILITY<br>20c 1281 N. Roop Street, Carson City, Nv. 89706  |  |   |   |  |  |  |  |
|  | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.<br>(Signature and Title) <i>William Thomas</i><br>DATE SIGNED (Mo., Day, Yr.)<br>21b 11/26/90 |  | HOUR OF DEATH<br>21c 1754  |  | 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) and manner stated.<br>(Signature and Title) <i>[Signature]</i><br>DATE SIGNED (Mo., Day, Yr.)<br>22b |  | HOUR OF DEATH<br>22c  |   | 22d. ON<br>22e. AT   |  |  |  |
| CAUSE OF DEATH   | NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)<br>23a William H. Thomas MD, 1000 N. Division, Carson City, Nv. 89703                       |  |  | LICENSE NUMBER<br>23b 3136   |  |  |   |   |  |  |  |  |
|  | REGISTRAR<br>24a. (Signature) <i>Luce M. [Signature]</i>   |  | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)<br>24b December 30, 1990  |  | DEATH DUE TO COMMUNICABLE DISEASE<br>24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |   |   |  |  |  |  |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | 25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PLEASE FOR (a), (b), AND (c))<br>PART I (a) <i>Ruptured abdominal aortic aneurysm</i>   |  |  |  |  | Interval between onset and death<br>2 days |   |   |  |  |  |  |
|  | PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.<br>(a) _____<br>(b) _____<br>(c) _____                                    |  |  |  |  | AUTOPSY (Specify Yes or No)<br>26 No       |   | WAS CASE REFERRED TO CORONER (Specify Yes or No)<br>27 No |  |  |  |  |
| CAUSE OF DEATH   | ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)<br>25a   |  | DATE OF INJURY (Mo., Day, Yr.)<br>28b  | HOUR OF INJURY<br>28c  | DESCRIBE HOW INJURY OCCURRED<br>28d  |  |   |   |  |  |  |  |
|  | INJURY AT WORK (Specify Yes or No)<br>28e  |  | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)<br>28f   |  | LOCATION<br>28g  | STREET OR R.F.D. No.                       |   | CITY OR TOWN  | STATE  |  |  |  |

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No. 020327

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

By:

Date issued: NOV 30 1990

Deputy Registrar

SEAL



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

REQUESTED BY  
Dorothy Fotina  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'91 MAR 14 P3:32

SUZANNE BEAUDREAU  
RECORDER 246597  
\$7<sup>00</sup> PAID KO DEPUTY  
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