

RECORDING REQUESTED BY

Virginia E. Guazzini

AND WHEN RECORDED MAIL TO

Name
Street
Address
City &
State

Mrs. Virginia E. Guazzini
1477 Sandstone Drive
Wellington, Nevada 89444

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit — Death of Joint Tenant

STATE OF ~~CALIFORNIA~~ Nevada

County of Douglas SS.

Virginia E. Guazzini, of legal age, being first duly sworn, deposes and says:
That Gerald Guazzini, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Gerald Guazzini named as one of the parties in that certain Joint Tenancy Deed dated Feb. 10, 1984 executed by John Arden, President, Topaz Development Corporation, a Nevada Corp., to Gerald Guazzini and Virginia E. Guazzini as joint tenants, recorded as Instrument No. 111533, on December 21, 1984, in book 1284, page 1924, of Official Records of Douglas County, Nevada, covering the following described property situated in the Douglas County of Nevada.

Lot 3, Block L, as shown on the map of Topaz Ranch Estates, Unit No. 4, filed in the office of the County Recorder of Douglas County, Nevada.

APN

37-403-10

I declare under penalty of perjury, that the foregoing statement is true and correct.

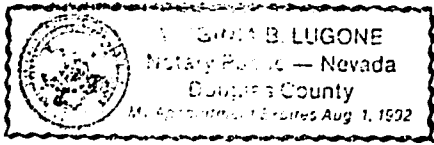
Virginia E. Guazzini
Print Name

X Virginia Guazzini
Sign Name

Dated October 28, 1991

SUBSCRIBED AND SWORN TO before me this 28th day of October, 1991

Signature Virginia B. Lugone
Notary Public



(Notarial Seal)

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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			DATE OF DEATH (Month, Day, Year)		
DECEDENT	1 Gerald GUAZZINI			2 October 16, 1991		
	CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		
	3a Wellington			3c 1477 Sandstone Drive		
	RACE—in (1. White, Black, American Indian, etc.) (Specify)			Was Decedent of Hispanic Origin? Specify (1. Yes, 2. No) If yes, specify Mexican, Cuban, Puerto Rican, etc.		
5 White			6 <input checked="" type="checkbox"/> No			
IF DEATH OCCURRED IN INSTITUTION SEE INSTRUCTIONS REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country)			CITIZEN OF WHAT COUNTRY		
	9a Pennsylvania			9b USA		
	SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		
	13 6126			14a Bartender		
PARENTS	RESIDENCE—STATE			CITY, TOWN, OR LOCATION		
	15a Nevada			15c Wellington		
	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
	16 Evangelista Guazzini			17 Gosepina Coppelli		
DISPOSITION	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a Virginia Guazzini			18b 1477 Sandstone Drive, Wellington, Nevada 89444		
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME		
	19a Cremation			19b Sierra Crematory		
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER		
	20a <i>[Signature]</i>			20b 21		
	DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH		
	21b 10-16-91			21c Pronounced 1000		
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)			LICENSE NUMBER		
	22a John H. Pasek, MD, 1532 Hwy. 395, Gardnerville, Nv. 89410			22b		
	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		
	24a <i>[Signature]</i>			24b October 17, 1991		
CAUSE OF DEATH	IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (1), (2), AND (3))			DEATH DUE TO COMMUNICABLE DISEASE		
	PART I (1) Respiratory Failure			24c <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	(2) Myocardial Infarction			Interval between onset and death		
	(3) Myocardial Infarction			6-12 min		
CAUSE OF DEATH	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I			AUTOPSY (Specify Yes or No)		
	25 Myocardial Infarction			26 No		
	WAS CASE REFERRED TO CORONER (Specify Yes or No)			27 Yes		
	27 Yes			27 Yes		
CAUSE OF DEATH	ACC. SUICIDE FROM UNDET. OR PENDING INVEST (Specify)			DATE OF INJURY (Mo., Day, Yr.)		
	28a			28b		
	HOUR OF INJURY			DESCRIBE HOW INJURY OCCURRED		
	28c			28d		
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		
	29a			29b		
	LOCATION			STREET OR R.F.D. No.		
	29c			29d		

No. 020376

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

Date Issued: **OCT 18 1991**

By: *[Signature]*
Deputy Registrar
SEAL

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

REQUESTED BY
Virginia Guassini
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'91 OCT 28 A10:33

SUZANNE BLAUDREAU
RECORDER

\$ 7.00 PAID Ch DEPUTY

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BOOK 1091 PAGE 4574