

AFTER RECORDING MAIL TO:  
Marie Phylis Cappello  
18762 Via Siena  
Irvine, Ca 92715

Order No. C201828FS

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss

MARIE PHYLIS CAPPELLO of legal age, being first duly sworn,  
deposes and says:

THAT FREDERICK CAPPELLO, the decedent mentioned  
in the attached certified copy of Certificate of Death, is the same person as \_\_\_\_\_  
is \_\_\_\_\_ named as one of the parties  
in that certain JOINT TENANCY DEED dated September 10, 1958,  
executed by FRANK A. RICH AND ESTHER RICH

to FREDERICK CAPPELLO AND MARIE PHYLIS CAPPELLO  
as joint tenants, recorded as Instrument No. 13617 on Sept 24, 1958,  
in book D-1 Deeds, page 479 of Official Records of Douglas  
County, State of Nevada, covering the following described real property  
situate in the \_\_\_\_\_, County of Douglas,  
State of Nevada:

Lot 89 as shown on the map of LAKEWOOD KNOLLS SUBDIVISION, DOUGLAS COUNTY, NEVADA,  
filed in the office of the County Recorder of Douglas County, Nevada, on May 29, 1958  
in Book 1 of Maps, as Document No. 13163.

Assessor's Parcel No. 07-244-05

THAT the said decedent, FREDERICK CAPPELLO is one of  
the joint tenant grantees in that certain said Joint Tenancy Deed  
and that all interest in and to said real property is vested absolutely in affiant,  
namely MARIE PHYLIS CAPPELLO.

Dated August 12, 1994

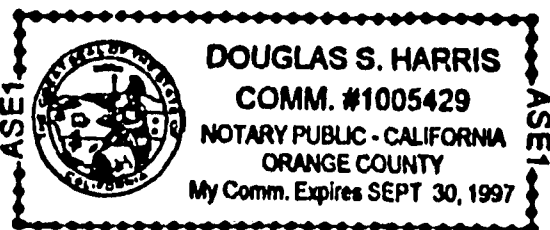
Marie Phylis Cappello  
Marie Phylis Cappello

STATE OF California )  
COUNTY OF Orange ) ss

On 8/17/94, personally  
appeared before me, a Notary Public, \_\_\_\_\_  
Marie Phylis Cappello

personally known (or proved) to me to be  
the person whose name is/are subscribed  
to the above instrument who acknowledged  
that she executed the instrument.

D. S. Harris  
Notary Public



344972

BK0894PG5026

# CERTIFICATE OF DEATH

3-92-30-007617

STATE FILE NUMBER

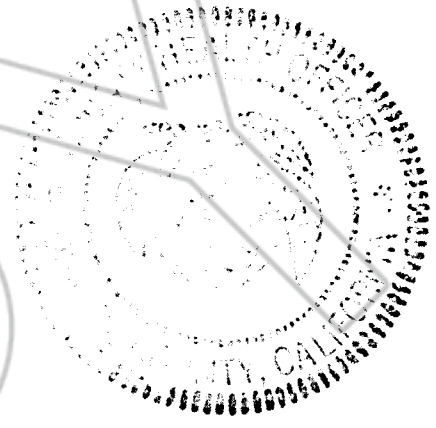
STATE OF CALIFORNIA  
USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST (GIVEN) <b>FREDERICK</b>		1B. MIDDLE -	1C. LAST (FAMILY) <b>CAPPELO</b>		2A. DATE OF DEATH—MO. DAY, YR. <b>JULY 3, 1992</b>		2B. HOUR <b>1447</b>	3. SEX <b>MALE</b>	
	4. RACE <b>WHITE</b>		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR. <b>JULY 11, 1922</b>		7. AGE IN YEARS <b>69</b>	IF UNDER 1 YEAR MONTHS    DAYS	IF UNDER 24 HOURS HOURS    MINUTES	
	8. STATE OF BIRTH <b>RI</b>	9. CITIZEN OF WHAT COUNTRY <b>USA</b>		10A. FULL NAME OF FATHER <b>GEORGE CAPELO</b>		10B. STATE OF BIRTH <b>ITALY</b>	11A. FULL MAIDEN NAME OF MOTHER <b>GEORGIA CRISCIONE</b>		11B. STATE OF BIRTH <b>ITALY</b>	
	12. MILITARY SERVICE? 19 <u>41</u> TO 19 <u>45</u> <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. <b>6209</b>		14. MARITAL STATUS <b>MARRIED</b>		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>MARIE P. IALONGO</b>			
16A. USUAL OCCUPATION <b>SALESPERSON</b>			16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>JANITORIAL SUPPL.</b>		16C. USUAL EMPLOYER <b>SELF</b>		16D. YEARS IN OCCUPATION <b>27</b>		17. EDUCATION—YEARS COMPLETED <b>16</b>	
USUAL RESIDENCE	18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>18762 VIA SIENA</b>					18B. CITY <b>IRVINE</b>		18C. ZIP CODE <b>92714</b>		
	18D. COUNTY <b>ORANGE</b>		18E. NUMBER OF YEARS IN THIS COUNTY <b>24</b>		18F. STATE OR FOREIGN COUNTRY <b>CA</b>		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>MARIE CAPPELO, wife 18762 VIA SIENA IRVINE, CA. 92714</b>			
PLACE OF DEATH	19A. PLACE OF DEATH <b>IRVINE MEDICAL CENTER</b>		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA <b>ER/OP</b>		19C. COUNTY <b>ORANGE</b>		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES <b>92-03933-EL</b> <input type="checkbox"/> NO			
	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>16200 SAND CANYON ROAD</b>			19E. CITY <b>IRVINE</b>			TIME INTERVAL BETWEEN ONSET AND DEATH		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CAUSE OF DEATH	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)					MINUTES		24. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	IMMEDIATE CAUSE (A) <b>CORONARY INSUFFICIENCY</b>					▶		24A. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	DUE TO (B) <b>ADVANCED CORONARY ARTERIOSCLEROSIS WITH MYOCARDIAL FIBROSIS</b>					▶		24B. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. <b>NONE</b>		
	DUE TO (C)					▶				
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <b>NONE</b>					26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. <b>NONE</b>					
PHYSI- CIAN'S CERTIFICA- TION	I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER		27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED		
	27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS					
CORONER'S USE ONLY	I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <b>BRAD GATES SHERIFF-CORONER BY: <i>Brad Gates</i></b>		DEPUTY CORONER		28B. DATE SIGNED <b>07-05-92</b>		
	29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined <b>NATURAL</b>		30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR	
	32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)				33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
FUNERAL DIRECTOR AND LOCAL REGISTRAR	34A. DISPOSITION(S) <b>CR BU</b>		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <b>RIVERSIDE NAT CEM. 22495 VAN BUREN BLVD., RIVERSIDE, CA RIVERSIDE CO.</b>		34C. DATE MO. DAY, YEAR <b>7-8-92</b>		35A. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		35B. LICENSE NUMBER <b>NONE</b>	
	36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>OMEGA SOCIETY, SANTA ANA, CA.</b>		36B. LICENSE NO. <b>1280</b>		37. SIGNATURE OF LOCAL REGISTRAR <i>A. Let Ehling, D. Wagoner</i>			38. REGISTRATION DATE <b>JUL - 8 1992</b>		
STATE REGISTRAR	A. <b>BK 0894 PG 5027</b>		D. <b>344972</b>		E.		F. CENSUS TRACT			

COUNTY OF DOUGLAS  
DEPARTMENT OF CLERK  
RECORDS AND DEEDS

THIS INSTRUMENT IS  
FILED FOR RECORD  
ON JUL 9 1992  
AT 10:00 AM  
IN OFFICE OF  
CLERK OF DOUGLAS  
COUNTY, NEVADA



REQUESTED BY  
**WESTERN TITLE COMPANY, INC.**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

~~JUL 9 1992~~

94 AUG 29 12:15

SUZANNE BEAUDREAU  
RECORDER

\$ 0 PAID k2 DEPUTY

**344972**  
**BK0894PG5028**