to

340 CUPSAW DRIVE RINGWOOD, NJ. 07456

## AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA )

NEN JERSEY ) ss.

County of Douglas PASSAIC)

NICHOLAS CIRANNI

, of legal age, being first duly sworn,

deposes and says:

That  $_{\text{MARIE CIRANNI}}$  , the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARIE CIRANNI , named as one of the parties in that certain

DEED OF TRUST

dated 04/05/94, executed by

PAYDON, INC., a California corporation

NICHOLAS CIRANNI and MARIE CIRANNI, husband and wife as joint tenants

as joint tenants, recorded as Instrument No. 334811, on April 11, 1994, in Book 494, Page 1820, of Official Records of Douglas, County, Nevada covering the following described property situate in the County of Douglas, State of Nevada:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lots 105 and 106, as shown on the map of TOPAZ SUBDIVISION, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on August 10, 1954, in Book 1 of Maps, as File No. 9774.

A.P.N. 39-132-05

THIS DOCUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY WITHOUT LIABILITY ON THE PART OF WESTERN TITLE COMPANY, INC. FOR THE SUFFICIENCY HEREOF OR THE CONDITION OF TITLE.

Dated May 10, 1995

STATE OF NEVADA NEW JEESEY

County of PASSAIC

)SS.

on MAY 15-14 1995

before me, a notary public,

personally appeared

NICHOLAS ORANNI

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

FOR RECORDER'S USE

Mahr Cranni

Motary Public

1RMGARD KASPER KOTARY PUBLIC OF NEW JEEGE<mark>Y</mark> My Commission Expires June 28, 186**3**  SEAU

362572 BK 0595PG3385

## Borough of Ringwood

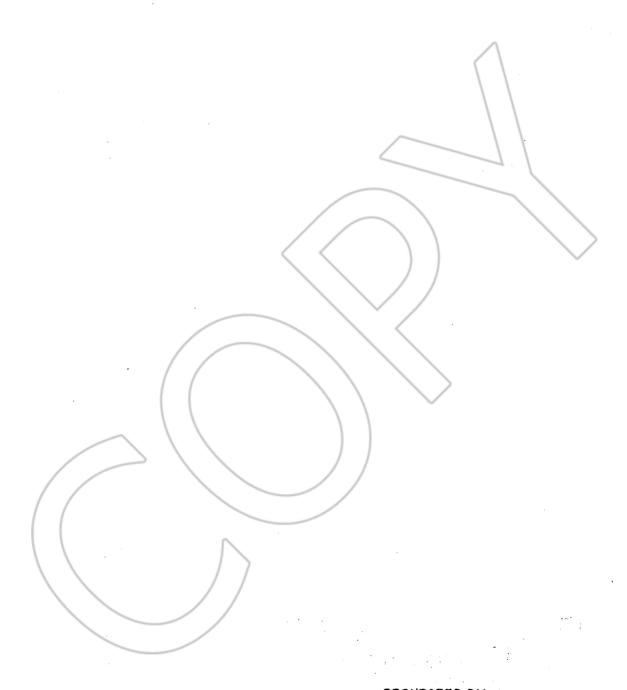


## REGISTRAR OF VITAL STATISTICS 60 MARGARET KIR

SEAL MUST BE AFFIXED.

60 MARGARET KING AVENUE RINGWOOD. NEW JERSEY 07456 (201) 962-7079

	THIS IS TO CERTIFY THAT THE FOLLOWING IS CORRECTLY COPIED FRO	M A RECORD
		0000
The state of the s	May 15 1995 Florence G. Ping	A C E
	Date Registrar	SEA!
	REG-18 New Jersey State Department of Health CERTIFICATE OF DEATH	O CONTRACTOR
	1. NAME OF DECEASED (First) (Middle) (Last)  Maria (Ciranni	e graterise ont
Items 1 and 2 to be typed by Funeral Director	2. DATE OF DEATH 3. SEX 4. DATE OF BIRTH 5a. AGE - Last Birth- 5b. UNDER 1 YEAR 5c. UNDER 1 DAY day (yrs.)	75-14
Yo be printed by	4/1/95 F 1/31/1930 65 Months Days Hours Minutes  6, SOCIAL SECNO. Ta. PLACE OF DEATH HOSPITAL:  OTHER:	
Physician —		MESIDENCE OTHER (Specify)
	8a. RESIDENCE   8b. COUNTY   8c. CITY OR TOWN   8d. STREET AND NUMBER	Passaic 8a. INSIDE CITY LIMITS? 8f. ZIP CODE
DEATH	N.T Passaic Ringwood 340 Cupsaw Dr.  9. BIRTHPLACE (City & State, or Foreign Country) 10s. DECEDENT EVER IN U.S. ARMED 10b. IF YES, WAR: DATES (From/To):	DAYES NO 07456
TIME OF U	Naples Ttaly DYES NO	☐ NEVER MARRIED ☐ WIDOWED ☐ MARRIED ☐ DIVORCED ☐ DIVORCED
	Nicholas Ciranni Partner at Restaurant  15. NAME AND ADDRESS OF LAST EMPLOYER	Food
± -/	Cironi Restaurant Pompton Plains NJ  16. RACE 3 AMER. INDIAN 17. OF HISPANIC ORIGIN? 1 MEXICAN 2 PUERTO	RICAN 118. DECEDENT'S EDUCATION
. ОF DEATH	1 □ WHITE 4□ OTHER (Specify): □ YES □ NO 5 TOTHER (Specify): A mer.	O. AMERICA Highest Grade Completed 12
DATE	John Volpe Concetta	Vitello
	216. NAME OF INFORMANT  216. RELATIONSHIP  226. DISPOSITION  38URIAL  HUSDAND  OTHER (Spe	☐ CREMATION ☐ ENTOMBMENT cify):
4	22b. NAME OF CEMETERY OR CREMATORY  122c. CITY OR TOWN  122c. CITY OR TOWN  South Lake To	ahoe Calf.
	D'Apostino Funeral Home 881 Ringwood Ave. Haskell	
	236. SIGNATURE OF ECONERAL DIRECTOR 23c. N.J. LICENSE NO. 24s. SIGNATURE OF LOCAL REGISTRAR 3617	LEWARD ZAB. DATE RECEIVED
	269. TIME OF DEATH 259. DATE AND HOUR PRONOUNCED DEAD	11:45
PHYSICIA PHYSICIA	Complete Items 25c-d only when certifying physi-	TED. 25d. DATE SIGNED
Įg.	Cause of death.    Can Culot   Can Culot   Can Culot	DESCRIBE HOW INJURY OCCURRED
AUSE	☐ ACCIDENT VESTIGATION ☐ SUICIDE ☐ COULD NOT BE ☐ HOMICIDE DETERMINED ☐ STREET ☐ OFFICE BUILDING ☐ FACTORY ☐ OTHER (Specify):	
LASS OF ACC.	30f. LOCATION OF INJURY (Number and Street) 30g. CITY AND COUNTY	30h, STATE
ROSS CLASS.	310. NAME AND ADDRESS OF CERTIFIER AND ADDRESS OF CERTIFIER DOMITION	CERTIFYING PHYSICIAN
)	1 / Walking / W / alway some	MEDICAL EXAMINER PRONOUNCER AND CERTIFIER



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

'95 MAY 22 P12:28

LINDA SLATER
RECORDER
PAID BL DEPUTY

362572 BK0595PG33**8**7