

WHEN RECORDED MAIL TO:

LILLIAN E. HECKERS
P. O. BOX 2905
MINDEN, NV 89423

Escrow No. judy

AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
County of DOUGLAS)

LILLIAN E. HECKERS , of legal age, being first duly sworn,
deposes and says:

That EMILIO GIANNI , the decedent mentioned in the at-
tached certified copy of Certificate of Death, is the same person as
EMILIANO GIANNI , named as one of the parties in that certain
GRANT DEED dated 03/03/92, executed by
EMILIO GIANNI, TRUSTEE UNDER DECLARATION OF TRUST, DATED MARCH 12, 1991

to
EMILIO GIANNI, AN UNMARRIED MAN, AND LILLIAN E. HECKERS, AN UNMARRIED
WOMAN, AS JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP
as joint tenants, recorded as Instrument No. 272393, on March 3, 1992 ,
in Book 392 , Page 219 , 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 of parcel of land situate in the Northwest 1/4
of the Northwest 1/4, Section 35, Township 14 North, Range 20 Ease, M.D.B
& M., Douglas County Nevada, further described as follows:

Parcel, as set forth on the Parcel Map for the EMILIO GIANNI^I TRUST, filed
for record in the office of the County Recorder of Douglas County, State
of Nevada, on December 31, 1991, in Book 1291, Page 4577, as Document No.
268092.

A portion of APN 21-250-04

THIS DOCUMENT BEING RE-RECORDED TO CORRECT SPELLING ERRORS

Dated July 17, 1995

STATE OF NEVADA

Lillian E. Heckers
LILLIAN E. HECKERS

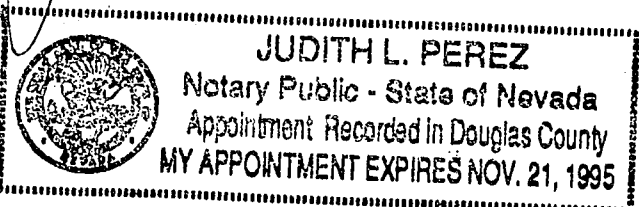
County of Douglas)
)SS.

On July 17, 1995)
before me, a notary public,
personally appeared LILLIAN
E. HECKERS

personally known or proved to
me to be the person (s) whose
name (s) is subscribed to the
above instrument who ack-
nowledged that she executed
the instrument.

.....
FOR RECORDER'S USE

Judith L. Perez
Notary Public



368730

366249

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BK0795PG2208

adjt

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	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	
		1 Emilio GIANNI		2 July 14, 1995	3a Douglas	
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX	
	3b Minden	3c 2782 Esaw		3e	4 Male	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
	5 White	6	7a 73	7b	7c	8 May 12, 1922
L	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education—Specify highest grade completed	MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	
	9a California	9b USA	10 12	11 Widowed	12	
PARENTS	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY		
	13 -2302	14a Operations Manager		14b Manufacturing		
FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last	RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION		STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
	16 Amedeo Gianni	17 Alaide Ciardi		15c Minden	15d 2782 Esaw	15e No
DISPOSITION	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
	18a Margaret Haight		18b 2136 Ross Lane Medford, Oregon 97501-1740			
CERTIFIER	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State		
	19a Cremation		19b FitzHenry's Crematory	19c Carson City, Nevada		
To be completed by CERTIFYING PHYSICIAN	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
	20a [Signature]		20b #36	20c FitzHenry's Funeral Home 833 N. Edmonds Drive Carson City, Nevada 89701		
To be completed by Coroner's Office	21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature]		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. (Signature and Title) [Signature]			
	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		22c	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21b 7-14-95		21c 0645		22b	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d ON			
CAUSE OF DEATH	23a Dr. B. Bottenberg 1540 Hwy 395 St. 4 Gardnerville, NV 89410		23b #0109			
	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE		
PART I	24a [Signature] Maria A. A. Dep		24b July 14, 1995		24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death			
(a) respiratory failure		minutes				
(b) hepatic metastatic and renal failure		months				
(c) clear cell renal carcinoma		months				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)		
26 No		27 No				
ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a		28b	28c M	28d		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. No. CITY OR TOWN STATE		
28e		28f	28g			

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

By: *Yvonne Sylva*
Deputy Registrar

Issued: JUL 14 1995

No. 85759

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

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368730

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

'95 AUG 21 AM 1:54

LINDA SLATER
RECORDER
\$ 9.00 PAID ks DEPUTY

366249

BK0795PG2210

REQUESTED BY
Lillian Heckers
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'95 JUL 17 P2:38

LINDA SLATER
RECORDER
\$ 9.00 PAID ks DEPUTY

COOPY