

There has not been nor will there be an election filed pursuant to Probate Code Sections 13502 and 13503 in any probate proceedings in any court of competent jurisdiction.

More than forty (40) days have elapsed since the death of ORENO J. TONARELLI, and, as his surviving spouse, pursuant to the provisions of Probate Code Section 13540, I have full power to sell, lease, mortgage, or otherwise deal with and dispose of the above described property.

This Affidavit is made for the protection and benefit of myself as the surviving spouse, my successors, assigns, and personal representatives and all other parties hereafter dealing with or who may acquire an interest in the property described in the above deed, including, but not limited to any title insurer issuing a policy of title insurance insuring the condition of title of said property.

DATED: November 17, 1995

Mary Angelina Tonarelli
MARY ANGELINA TONARELLI

Subscribed and sworn to before me this 17th day of November, 1995.



Teri Haigh
Notary Public

STATE OF CALIFORNIA)
COUNTY OF SAN JOAQUIN)

On November 17, 1995, before me, TERI HAIGH, personally appeared MARY ANGELINA TONARELLI personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal.



Teri Haigh
Notary's Signature 95KB0337/0694.00/T4

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH DEPARTMENT
 PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH **03-95-09 000692**

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) ORENO		2. MIDDLE JOSEPH		3. LAST (FAMILY) TONARELLI	
4. DATE OF BIRTH MM/DD/CCYY 08/05/1921		5. AGE YRS. 73		6. SEX M	
7. DATE OF DEATH MM/DD/CCYY 02/04/1995		8. HOUR 1143			
9. STATE OF BIRTH Italy		10. SOCIAL SECURITY NO. 9407		11. MILITARY SERVICE 41 TO 45	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 12			
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER P.G.& E., Pacific Gas & Electric	
17. OCCUPATION Serviceman		18. KIND OF BUSINESS Utilities		19. YEARS IN OCCUPATION 22	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 3912 Las Pasas Way					
21. CITY Sacramento		22. COUNTY Sacramento		23. ZIP CODE 95864	
24. YRS IN COUNTY 71		25. STATE OR FOREIGN COUNTRY California			
26. NAME, RELATIONSHIP Angelina Tonarelli - Wife			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 3912 Las Pasas Way, Sacramento, CA 95864		
28. NAME OF SURVIVING SPOUSE—FIRST Angelina		29. MIDDLE -		30. LAST (MAIDEN NAME) Lopes	
31. NAME OF FATHER—FIRST George		32. MIDDLE R.		33. LAST Tonarelli	
34. BIRTH STATE Italy		35. NAME OF MOTHER—FIRST Maria		36. MIDDLE -	
37. LAST (MAIDEN) Casci		38. BIRTH STATE Italy			
39. DATE MM/DD/CCYY 02/09/1995		40. PLACE OF FINAL DISPOSITION St. Mary's Cemetery, Sacramento, CA			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		43. LICENSE NO. 6466	
44. NAME OF FUNERAL DIRECTOR A.J. Nicoletti Funeral Home		45. LICENSE NO. FD-0355		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE MM/DD/CCYY 02/06/1995					
101. PLACE OF DEATH Residence		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input checked="" type="checkbox"/> RES. <input type="checkbox"/> OTHER	
104. COUNTY El Dorado		105. CITY Pow Wow			
106. STREET ADDRESS—STREET AND NUMBER OR LOCATION Lot 127, 46 Mile Stone					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH Years		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 95-2573	
IMMEDIATE CAUSE (A) Severe coronary artery atherosclerosis				109. SHOBY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B)				110. AUTOBY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (C)				111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (D)					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY DECEDENT LAST SEEN ALIVE MM/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO.	
117. DATE MM/DD/CCYY		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP			
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		119. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
121. INJURY DATE MM/DD/CCYY		122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>		127. DATE MM/DD/CCYY 02/06/1995		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER Bob Altmeyer, Deputy Coroner	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 449263	
				CENSUS TRACT	

14339.

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF EL DORADO } SS

DATE ISSUED **02/24/1995**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the EL DORADO COUNTY HEALTH DEPARTMENT.

SEAL

H.A. Danner
 DIRECTOR OF HEALTH SERVICES

This copy not valid unless prepared on engraved border displaying seal and signature of County Health Director.

393890

BK 0896 PG 1545

ANY ALTERATION OR ERASURE VOIDS THIS

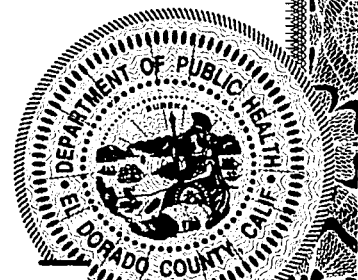


EXHIBIT "A"

Real property in an unincorporated area, County of Douglas, State of Nevada, described as follows:

The Southeast quarter of the Southwest quarter of Section 8, Township 9 North, Range 23 East, Mount Diablo Base and Meridian.

RESERVING THEREFROM, an easement for road and utility purposes to be used in common with others, over the North, South, East, and West 10 feet thereof.

APN: 39-050-16

95KB0337/0694.00/T4

COPY

REQUESTED BY
Angelina Tonarelli
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'96 AUG -8 P1:12

LINDA SLATER
RECORDER
\$10⁰⁰ PAID 52 DEPUTY

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