

**Affidavit-Termination of Joint Tenancy
(Death of a Joint Tenant)**

I, KENNETH D. LOMMORI, the Affiant,
being of legal age, and being first duly sworn, deposes and says:

That ELEANOR B. LOMMORI, the decedent
(Deceased Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as ELEANOR LOMMORI

(Deceased Name as shown on Deed)

named as one of the parties in that certain GRANT, BARGAIN and SALE DEED,
(Type of Document)

dated on the 6th day of JANUARY, 1998, and executed by ~~FIRST~~

~~H.J. AMERZEGAN FELLE CO. DANTE LOMMORI~~, known as "Grantor(s)"

to DANTE LOMMORI, ELEANOR LOMMORI & KENNETH D. LOMMORI, known
as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 429996

on the 9th day of JANUARY, 1998, in book 0198 PG 912, of Official

Records of DOUGLAS County, Nevada, covering the following described property situated in the City of

GARDNERVILLE, County of DOUGLAS, State of Nevada.

(Set forth legal description and commonly known street address, if known)

LOT 42, as said lot is shown on the Official Plat of
Gardnerville Ranchos Unit No. 3, filed in the Office of the
County Recorder of Douglas County, state of Nevada, on
June 1, 1965, as File No. 28310 and amended on June 4,
1965, as File No. 28378

ASSESSOR'S PARCEL NO. (APN#) 1220-15-611-016

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed
the sum of \$ _____

In Witness Whereof, I/We have hereunto set my hand/our hands this 31st day of March, 2000.

Kenneth D. Lommori
(Signature)

(Signature)

KENNETH D. LOMMORI
(Print or type name here)

(Print or type name here)

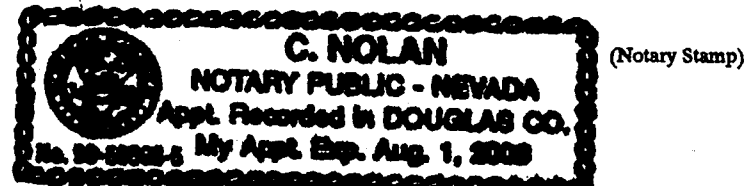
STATE OF NEVADA }
COUNTY OF Douglas }

On this 31st day of March, 2000
personally appeared before me, a Notary Public

KENNETH D LOMMORI

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

C. Nolan
(Notary Public)



RECORDING REQUESTED BY AND MAIL TO

NAME
ADDRESS
CITY/ST/ZIP

If applicable mail tax statements to
NAME KENNY LOMMORI
ADDRESS 1584 5th GREEN CT.
CITY/ST/ZIP GARDNERVILLE, NV. 89410

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

0489083

BK0300PG6086

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

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. DECEASED—NAME First Middle Last Eleanor B. LOMMORI | | DATE OF DEATH (Month, Day, Year) 2. August 17, 1999 | | COUNTY OF DEATH 3a. Lyon | |
| CITY, TOWN OR LOCATION OF DEATH 3b. Yerington | | HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Home— 713 Pearl Street | | II Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Female | |
| RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White | | Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. | | AGE—Last Birthday (Years) 7a. 65 | |
| STATE OF BIRTH (If not U.S.A., name country) 9a. Nevada | | CITIZEN OF WHAT COUNTRY 9b. U.S.A. | | Decedent's Education. Specify highest grade completed. 10. 12 | |
| SOCIAL SECURITY NUMBER 13. [REDACTED] 6988 | | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14c. Homemaker | | KIND OF BUSINESS OR INDUSTRY 14b. Own Home | |
| RESIDENCE—STATE 15a. Nevada | | COUNTY 15b. Lyon | | CITY, TOWN, OR LOCATION 15c. Yerington | |
| FATHER—NAME First Middle Last 16. Frank Glock | | MOTHER—MAIDEN NAME First Middle Last 17. Emma Wilslef | | STREET AND NUMBER 15d. 713 Pearl Street | |
| INFORMANT—NAME (Type or Print) 18a. Mr. Dante Lommori | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 713 Pearl Street, Yerington, Nevada 89447 | | | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation | | CEMETERY OR CREMATORY—NAME 19b. Carson Sierra Crematory | | LOCATION City or Town State 19c. Carson City, Nevada | |
| FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature] | | FUNERAL DIRECTOR LICENSE NUMBER 20b. 8 | | NAME AND ADDRESS OF FACILITY 20c. Freitas Ruprecht Funeral Home, Box 507 / 25 Hwy 208, Yerington, Nevada 89447 | |
| 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.) 21b. Aug. 17, 1999 | |
| HOUR OF DEATH 21c. [REDACTED] | | HOUR OF DEATH 22c. approx 0500 | | PRONOUNCED DEAD (Mo., Day, Yr.) 22b. Aug. 17, 1999 | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. Robert Sherlock, Lyon County | | PRONOUNCED DEAD (Hour) 22e. approx 555 | | 22d. ON Aug. 17, 1999 | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Robert Sherlock, Deputy Coroner, 30 Nevin Way, Yerington, NV89447 | | LICENSE NUMBER 23b. [REDACTED] | | REGISTRAR 24a. [Signature] | |
| DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. August 17, 1999 | | DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 25. (a) Cardio Respiratory Arrest | |
| DUE TO, OR AS A CONSEQUENCE OF: (b) Cancer - Multiple Melanoma | | Interval between onset and death Interval between onset and death Interval between onset and death | | PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. 26. No | |
| AUTOPSY (Specify Yes or No) 26. No | | WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes | | ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. [REDACTED] | |
| DATE OF INJURY (Mo., Day, Yr.) 28b. [REDACTED] | | HOUR OF INJURY 28c. [REDACTED] | | DESCRIBE HOW INJURY OCCURRED 28d. [REDACTED] | |
| INJURY AT WORK (Specify Yes or No) 28e. [REDACTED] | | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. [REDACTED] | | LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g. [REDACTED] | |

STATE REGISTRAR

No. 150871

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

Date Issued:

AUG 17 1999 0489083

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Kerby Hammer
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 MAR 31 AM 11:58

LINDA SLATER
RECORDER

\$ 9.00 PAID to DEPUTY

0489083

BK0300PG6088