

RECORDING REQUESTED BY:
STEWART TITLE COMPANY
WHEN RECORDED MAIL TO:

Louis Patetta
1601 Lakeside Dr
Reno NV 89509

010500594
ESCROW NO. 01050403
A.P.N. # 1320-30-813-039

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF Douglas } ss.

Louis J. Patetta, Jr.

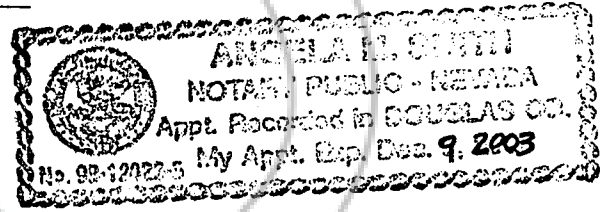
_____, of legal age, being first duly sworn, deposes and says:
That Louis J. Patetta, Sr, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Louis J. Patetta Sr. named as one of the parties in that certain Deed dated December 3, 1998 executed by Marcia L. Benson, Trustee to Greg V. Powning, Louis J. Patetta, Jr and Louis J. Patetta Sr. as joint tenants, recorded as Instrument No. 0455871, on 12-7-98 in Book 1298, Page 1656, of Official Records of Douglas County, Nevada, covering the following described property situated in the Douglas County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Louis J. Patetta, Jr.

Louis J. Patetta, Jr.

DATE: March 16, 2001



STATE OF Nevada }
COUNTY OF Douglas } ss.

This instrument was acknowledged before me on 3-16-01,
by, Louis Patetta Sr

Signature Angela El. Scotti
Notary Public

0511698
BK0401PG0914

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada
STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

ROLL 102 IMAGE 155

2845

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH		
	1. Louis Joseph PATETTA			2. December 16, 2000		3a. Washoe		
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. Reno		3c. Northern Nevada Medical Center		3e. Inpatient		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. 89	7b. :	7c. :	8. March 31, 1911
FATHER—NAME First Middle Last	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. Massachusetts		9b. U.S.A.		10. 8		11. Widowed	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY				
13. ██████████ 8285		14a. Clothing Cutter		14b. Garment				
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada		15b. Washoe	15c. Sparks		15d. 636 E. Quail St.		15e. Yes	
PARENTS	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last				
	16. Rocco Patetta			17. Josephine				
INFORMANT—NAME (Type or Print)				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
18a. Louis Patetta, Jr. - Son				18b. 4454 Dant Boulevard Reno, Nevada 89509				
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
	19a. Burial		19b. Mountain View Cemetery		19c. Reno, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY				
20a. <i>[Signature]</i>		20b. 16		20c. 875 West Second Street Reno, Nevada 89503				
CERTIFIER	21a. To the best of my knowledge, death occurred at the [time] date and place and due to the cause(s) stated.				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) <i>[Signature]</i>		DATE SIGNED (Mo., Day, Yr.) 21b. 12-18-00		(Signature and Title) <i>[Signature]</i>		DATE SIGNED (Mo., Day, Yr.) 22b.	
	HOUR OF DEATH 21c. 1335		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
	21d.		21d.		22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)						LICENSE NUMBER		
23a. John DeWard Jr 2345 E Parker #111 Sparks NV						23b. 5509		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
	24a. (Signature) <i>[Signature]</i> Dep.		24b. December 18, 2000		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							
	PART I (a) Myocardial Infarction		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
	(b) Congestive Heart Failure		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
	(c)		DUE TO, OR AS A CONSEQUENCE OF:		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.				AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)		
26. Respiratory Failure				26. NO		27. NO		
ACC., SUICIDE, HOI., 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	
29a.		28f.		28g.				

No. 176751

STATE REGISTRAR

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

Deputy Registrar: *[Signature]* 0511698 Date: DEC 19 2000

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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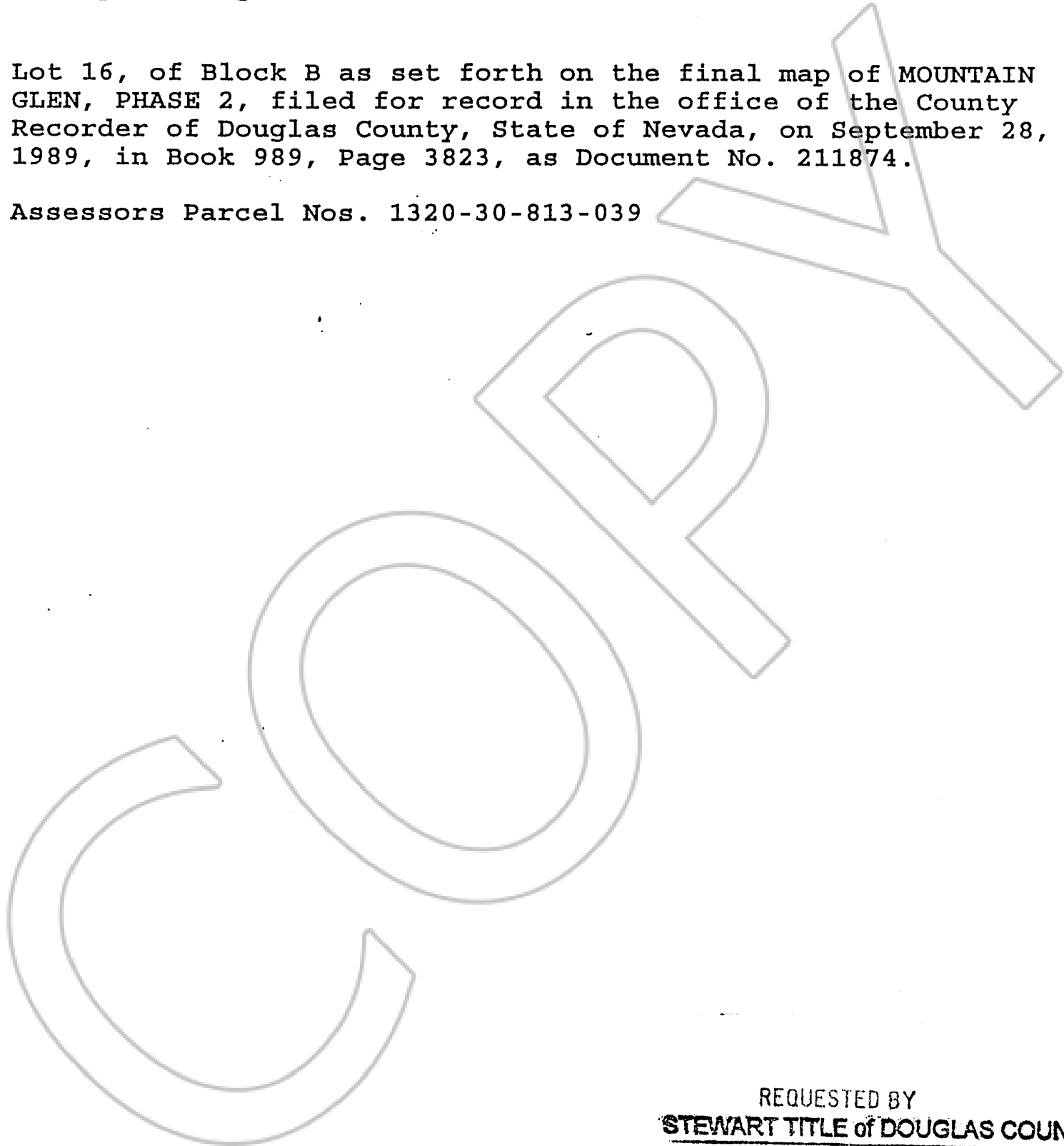


LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of Douglas, described as follows:

Lot 16, of Block B as set forth on the final map of MOUNTAIN GLEN, PHASE 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 28, 1989, in Book 989, Page 3823, as Document No. 211874.

Assessors Parcel Nos. 1320-30-813-039



REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

2001 APR -4 PM 4: 17

LINDA SLATER
RECORDER

\$ ^{9.00} PAID _{K2} DEPUTY

0511698

BK0401PG0916