

1220-04-111-039 **AFFIDAVIT - DEATH OF JOINT TENANT**

APN: 25-373-52

MARY T. DeANGELIS, of legal age, being first duly sworn, deposes and says:
That JOHN F. DeANGELIS, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as JOHN F. DeANGELIS
named as one of the parties in that certain GRANT, BARGAIN AND SALE DEED dated JULY 29, 1977
executed by WILLEM ASHBY SMITH
to JOHN F. DeANGELIS and MARY T. DeANGELIS, husband and wife. as joint tenants
as joint tenants, recorded as Instrument No. 14587, on November 1, 1977, in
Book 1177, Page 069, of Official Records of Douglas
County, Nevada, covering the following described property situated in the Gardnerville
County of Douglas, State of Nevada:

Lot 103, as shown on the map of KINGSLANE UNIT NO. 1, filed for record in the office of the COUNTY RECORDER, of Douglas County, Nevada, on December 26, 1968, under File NO. 43243

AND AS PER THAT CERTAIN BOUNDARY LINE ADJUSTMENT RECORDED MAY 30, 1985, BOOK 585, PAGE 2437, DOCUMENT NO. 117948 OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA

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

Dated Aug 13 2001

STATE OF NEVADA }
COUNTY OF Douglas

} s.s. Mary T. DeAngelis
MARY T. DeANGELIS

This instrument was acknowledged before me on
Aug 13 2001
by Mary T. DeAngelis
Carol Costa
Notary Public



THIS DOCUMENT IS RECORDED AS AN ACCOMMODATION ONLY and without liability for the consideration therefor; or as to the validity or sufficiency of said instrument or for the effect of such recording on the title of the property involved.

(This area for official notarial seal)

Title Order No. VAL _____ Escrow or Loan No. _____

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY
Western Title Company, Inc.
AND WHEN RECORDED MAIL TO

Name MARY T. DEANGELIS
Street Address 1211 KINGSLANE CT

City, State Zip GARDNERVILLE NV 89410

0520495
BK0801PG3125

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	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. John F. DE ANGELIS		2. January 15, 2001	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Carson City		3c. Carson-Tahoe Hospital	
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.	
5. White		6. No	
AGE—Last Birthday (Years)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
7a. 87		11. Married	
UNDER 1 YEAR MOS : DAYS		UNDER 1 DAY HOURS : MINS	
7b. :		7c. :	
DATE OF BIRTH (Mo., Day, Yr.)		SURVIVING SPOUSE (If wife, give maiden name)	
8. July 3, 1913		12. Mary T. Guarisco	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. New Jersey		9b. U.S.A.	
Decedent's Education. Specify highest grade completed.		KIND OF BUSINESS OR INDUSTRY	
10. 12		14b. Automotive	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)	
13. 4176		14a. Quality Control Inspector	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Gardnerville	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 1211 Kings Lane Ct.	
INSIDE CITY LIMITS (Specify Yes or No)		MOTHER—MAIDEN NAME First Middle Last	
15e. Yes		17. Rose Costatina	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Archangelo De Angelis		17. Rose Costatina	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Mary T. De Angelis		18b. 1211 Kings Lane Court, Gardnerville, Nv. 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. FitzHenry's Crematory	
LOCATION City or Town State		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. <i>James A. Hill</i>		20b. 217	
NAME AND ADDRESS OF FACILITY		20c. Home, 1380 Hwy 395, Gardnerville, Nevada 89410	
20a. <i>James A. Hill</i>		20b. 217	
20c. Home, 1380 Hwy 395, Gardnerville, Nevada 89410		20d. Home, 1380 Hwy 395, Gardnerville, Nevada 89410	
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>Rex T. Baggett, M.D.</i>		(Signature and Title) <i>James A. Hill</i>	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 1-17-01		21c. 2230	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		DATE SIGNED (Mo., Day, Yr.)	
21d.		22b.	
23a. Rex T. Baggett, M.D., 710 W. Washington, Carson City, Nevada		22c.	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Mo., Day, Yr.)	
23a. Rex T. Baggett, M.D., 710 W. Washington, Carson City, Nevada		22d. ON	
LICENSE NUMBER		22e. AT	
23b. 2395		22f. AT	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>Vera A. Bahamp</i>		24b. Jan. 17, 2001	
DEATH DUE TO COMMUNICABLE DISEASE		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	
PART I (a) <i>Cardiogenic shock</i>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) <i>Arteriosclerotic heart disease</i>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) <i>Chronic renal failure</i>		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)	
26. No		27. No	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. No	
26. No		27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION.		STREET OR R.F.D. No.	
28g.		CITY OR TOWN STATE	

No.177569

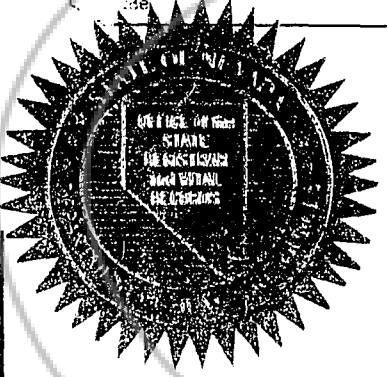
STATE REGISTRAR

Gyonna Sylva

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

Date Issued: JAN 17 2001

State Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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

2001 AUG 13 PM 12:04

LINDA SLATER
RECORDER

\$8.00 PAID *K2* DEPUTY

0520495

BK0801PG3126