A.P.N. # 1022-10-001-043 ESCROW NO. 010103429 RECORDING REQUESTED BY:

STEWART TITLE COMPANY
WHEN RECORDED MAIL TO:

MAUREEN L. MOCCIO 3855 Sandstone Drive Wellington, Nevada 89444

| AFFIDAVIT - DEATH OF JOINT TENANT |
|---|
| STATE OF NEVADA } |
| } ss. |
| COUNTY OF DOUGLAS } |
| MAUREEN L. MOCCIO, of legal age, being first duly sworn, deposes and says: |
| That DOMINIC NICKLOS MOCCIO, the decedent mentioned in the attached certified copy |
| of Certificate of Death, is the same person as DOMINIC N. MOCCIO |
| named as one of the parties in that certain GRANT DEED dated 12/10/1987 executed by CONSTANCE E. DOREO, A WIDOW |
| to DOMINIC N. MOCCIO AND MAUREEN L. MOCCIO, HUSBAND AND WIFE AS |
| as joint tenants, recorded as Instrument No. 168915 , on December 16, 1987 |
| in Book 1287, Page 2312, of Official Records of DOUGLAS |
| County, Nevada, covering the following described property situated in the DOUGLAS County, State of Nevada: |
| y, simo si ricinami |
| |
| Lot 92, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. |
| 2, filed in the office of the County Recorder of Douglas County, Nevada, on February 20, 1967, as Document No. 35464. |
| Nevaday on restaury 20, 1507, as see amene No. 55404. |
| |
| |
| |
| Maurien L. Morcio |
| MAUREEN L. MOCCIO |
| |
| DATE: January 04, 2002 |
| SUZANNE CHEECHOV |
| NOTARY PUBLIC STATE OF NEVADA Appt Recorded in Douglas County |
| My Appt. Expires June 25, 2003 No: 99-38456-5 |
| |
| 66.1 |
| STATE OF /V V } |
| COUNTY OF AMERICAN SS. |
| COUNTY OF Wilgla } |
| This instrument was acknowledged before me on $\frac{2}{2}$ |
| by, Maureen L. moccio |
| |
| |
| Signature June Chillicher |
| Notary Public |

0536044

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

| | LOCAL FILE NUMBER | | CERTIFICATE | JI DEAIII | | sı | TATE FILE NUMBER | | |
|----------------------------------|---|-------------------------------------|---|-------------------------|--|--------------------------------------|--------------------------|-------------|--|
| TYPE OR PRINT | DECEASED-NAME First | Middle | Last | DATE O | F DEATH (Month, Day, | Year) | COUNTY OF DEAT | Н | |
| IN PERMANENT | 1. Dominic | Nicklos | MOCCIO | | cember 28, | | 3a Dougla | ıs | |
| BLACK INK | CITY, TOWN OR LOCATION OF DEATH | | NSTITUTION—Name (If not eith | ner, give street and nu | Rm. Inpatier | nst. indicate DOA, C nt (Specify) | | | |
| DECEDENT | 3b. Wellington RACE—(e.g., White, Black, American V | | ndstone Dr. | AGE_last | 3e. JNDER 1 YEAR UN | NDER 1 DAY D | 4. Ma | | |
| | Indian, etc.) (Specify) Was Decedent of Hispanic Origin? Specify Li yes a no if yes, specify Mexican, Cuban, Puerto Rican, etc. Birthday (Years) MOS DAYS HOURS | | | | | | | | |
| IF DEATH | 5. White STATE OF BIRTH | CITIZEN OF WHAT COUN- | Decedent's Education. Spec | 7a. 70 7b | IED NEVER MARRIED | | AUGUSE (If wife, give | | |
| OCCURRED IN INSTITUTION | (If not U.S.A., name country) 9a. New Jersey | 9b. U.S.A. | grade completed. | /Snooi | WED, DIVORCED (y) Married | | aureen Lal | | |
| SEE HANDBOOK REGARDING | SOCIAL SECURITY NUMBER | USUAL OCCUPATION (Give | ION (Give Kind of Work Done During Most of KIND OF BUSIN | | | SS OR INDUSTRY | | | |
| COMPLETION OF RESIDENCE ITEMS | 13. 3001 | Working Life, Even if Retired) 14a. | Truck Driver | 804 57 14b. | Cement | | / | | |
| 1. | RESIDENCE—STATE COUN | ry | CITY, TOWN, OR LOCATION | | STREET AND NUME | BER | INSIDE CITY LIN | IITS | |
| -> [| 15a. Nevada 15b. | Douglas | 15c. Wellingto | n | 15d. 3855 S | andstone | | | |
| PARENTS | FATHER—NAME First | Middle | Last MOTH | ER— <i>MAIDEN NAME</i> | First | Middle | Last | | |
| UAIII-NIO | 16. Steve | M | occio 17. | | Ana | | Colazz | 20 | |
| | INFORMANT—NAME (Type or Print) | | MAILING ADDRESS | | Street or R.F.D. No., City | | N | 2 | |
| | BURIAL, CREMATION, REMOVAL, OTHER | | OR CREMATORY—NAME | ndstone D | r. Wellin | gton, Ne | | +4 | |
| | | 그 한 네트린 제 속으를 받는 | | | | | | . د | |
| DISPOSITION | FUNERAL DIRECTOR—SIGNATURE | FUNERAL D | tzHenry's Cre | | FitzHenry' | | City, Neva | | |
| | (Or Person Acting as Such) 20a. | 20b. 21 | | The second second | | | e, Nv 894 | | |
| | due to the cause(s) stated. | eath occurred at the time, date a | | 22a. On th | he basis of examination e time, date and place a | and/or investigation. | in my opinion death or | curred | |
| | Signature and Title) | (bruston | W. Xu | ے آھا۔ | and Title) | ind due to the cause | s(a) and marrier stated. | | |
| | DATE SIGNED (Mo., Day, Yr.) | HOUR OF DEA | TH COMPANY OF THE PROPERTY OF | O DATE SIG | NED (Mo., Day, Yr.) | HOUR O | DEATH | | |
| ĈERTIFIER | 21b. /2/2/8/01 | | 720 | Suppropries | | 22c. | · | | |
| | 수님 / 1 | CIAN IF OTHER THAN CERTIFI | ER (Type or Print) | PRONOU | NCED DEAD (Mo., Day, | , Yr.) PRONOU | INCED DEAD (Hour) | * | |
| | | RTIFIER (PHYSICIAN, ATTENDI | NG PHYSICIANI MEDICAL EYA | 22d. ON | ER) (Type or Print) | 22e. AT | LICENSE NUMBER | | |
| | | | | | | r- 00702 | 23b. 5528 | | |
| CONDITIONS | REGISTRAR REGISTRAR | Forman M.D., | DATE RECEIVE | D BY REGISTRAR | Mo., Day, Yr.) DEATH [| DUE TO COMMUNI | | | |
| IF ANY WHICH GAVE | 24a. (Signature) | no & 1110 | 11 24b. 12 | -31-01 | 24c. | YES NO | | | |
| RISE TO IMMEDIATE CAUSE | 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1 | ILY ONE CAUSE PER LINE FO | R (a), (b), AND (c).) | | | <i>C</i> • II | nterval between onset a | nd death | |
| STATING THE UNDERLYING | PART (a) NCTASKUL | & SQUANOEL | sall conces | nonce if | volanel N | Ger Si | month | | |
| CAUSE LAST | DUE TO, OR AS A CONSE | QUENCE OF: | | | | : Ir | nterval between onset a | nd death | |
| | (b) | | | | | | | | |
| /T | DUE TO, OR AS A CONSE | QUENCE OF: | | 7 | | i lr | nterval between onset a | nd death | |
| CAUSE OF | (C) | IONS—Conditions contributing to | a dooth but not conditing in the u | ndodvina cause giver | n in Part 1. AUTOPSY | (Specify W | AS CASE REFERRED | <u> </u> | |
| DEATH | PART OTHER SIGNIFICANT CONDIT II | 10145—Collations contributing to | o death but not resulting in the o | ndenying cause giver | | Yes or No) C | ORONER (Specify Yes | | |
| | ACC., SUICIDE, HOM., UNDET., DATE O | OF INJURY (Mo., Day, Yr.) HOUR | OF INJURY DESCRIB | E HOW INJURY OC | 26. No | 27 | Yes | | |
| | OR PENDING INVEST. (Specify) 28a. 28b. | 28c. | M 28d. | | | | | | |
| \ | 200. | OF INJURY—At home, farm, si | reet, factory, office LOCATIO | N. STRI | EET OR R.F.D. No. | CITY OR TO | OWN STATE | | |
| 1 | 28e. 28f. | building, etc. <i>(Spec</i> | 28g. | | | | | | |
| \ | | /// | | | | No | 216016 | | |
| 1 | | STATE RE | GISTRAR | | | INO. | C T O O T (| י | |
| | 1 / | | | | | | | | |

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

Date Issued:

JAN 0 3 2002 **0 5 3 6 0 4 4**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



0536044BK0302PG00644

LINDA SLATER
RECORDER

\$/6 PAID DEPUTY