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A.P.N. # 1320-33-715-027

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

✓ WILLIAM LEPORE, JR.  
1342 BROOKE WAY  
GARDNERVILLE, NV 89410

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA }  
  } ss.  
COUNTY OF Douglas }

WILLIAM LEPORE, JR., of legal age, being first duly sworn, deposes and says:  
That MARTHA CHRISTINE LEPORE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as M. CHRISTINE LEPORE named as one of the parties in that certain DEED dated October 10, 2001 executed by SYNCON HOMES to WILLIAM LEPORE, JR. and M. CHRISTINE LEPORE, husband and wife as joint tenants, recorded as Instrument No. 526222, on October 25, 2001 in Book 1001, Page 8577, of Official Records of Douglas County, Nevada, covering the following described property situated in the Douglas County, State of Nevada:

Lot 24, Block B, as set forth ON FINAL SUBDIVISION MAP No. 1006-8 for CHICHESTER ESTATES, PHASE 8, filed in the office of the County Recorder of Douglas County, Nevada and recorded June 12, 2001 in Book 0601, Page 2589, as Document No. 516199.

Assessors Parcel No. 1320-33-716-024

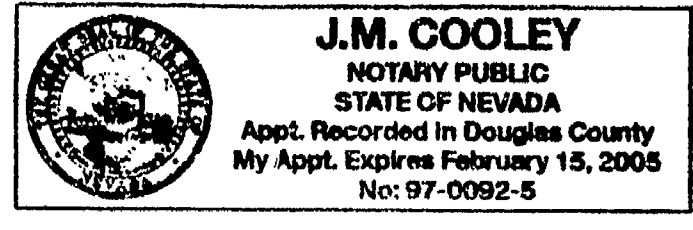
DATE: March 27, 2003

William Lepore Jr.  
WILLIAM LEPORE, JR.

STATE OF Nevada }  
  } ss.  
COUNTY OF DOUGLAS }

This instrument was acknowledged before me on 3-27-03 by WILLIAM LEPORE, JR.

Signature J.M. Cooley  
Notary Public



0571476  
BK 0303 PG 13158

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

HEALTH DEPARTMENT

PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

8200309000173

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
MARTHA		LEPORE	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
CHRISTINE		01/31/1953	
AKA ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs.	
		50	
6. BIRTH STATE/FOREIGN COUNTRY		7. DATE OF DEATH mm/dd/yyyy	
CA		03/05/2003	
10. SOCIAL SECURITY NUMBER		8. SEX	
-4241		F	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MARRIED	
13. EDUCATION - Highest Level/Degree (see instructions on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
ASSOCIATE		WHITE	
14/15. WAS DECEDENT SPANISH/SPANCLATINO? (if yes, see worksheet on back)		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		LICENSED VOCATIONAL NURSE	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
MEDICAL OFFICE		35	
20. DECEDENT'S RESIDENCE (Street and number or location)			
1342 BROOKE WAY			
21. CITY		23. ZIP CODE	
GARDNERVILLE		89410	
22. COUNTY/PROVINCE		24. YEARS IN COUNTY	
DOUGLAS		1	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
NEVADA		WILLIAM J. LEPORE Jr. - HUSBAND	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE - FIRST	
1342 BROOKE WAY, GARDNERVILLE, NV 89410		WILLIAM	
29. MIDDLE		30. LAST (Maiden Name)	
JOHN		LEPORE Jr.	
31. NAME OF FATHER - FIRST		32. MIDDLE	
FRANKLIN		RICHARD	
33. LAST		34. BIRTH STATE	
KEEPERS		WI	
35. NAME OF MOTHER - FIRST		36. MIDDLE	
MARTHA		WYNEMA	
37. LAST (Maiden)		38. BIRTH STATE	
FERGUSON		PA	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
03/12/2003		WILLIAM J. LEPORE Jr., 1342 BROOKE WAY, GARDNERVILLE, NV	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
TR/CR/RES		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
		McFARLANE MORTUARY	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD-1180		<i>Stephen G. Drogina</i>	
47. DATE mm/dd/yyyy		48. PLACE OF DEATH	
03/06/2003		BARTON MEMORIAL HOSPITAL	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
		<input checked="" type="checkbox"/> IP <input type="checkbox"/> EWOP <input type="checkbox"/> OOA	
103. COUNTY		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
EL DORADO		2170 SOUTH AVE.	
105. CITY		106. CITY	
SO. LAKE TAHOE		SO. LAKE TAHOE	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.		Time Interval Between Onset and Death	
IMMEDIATE CAUSE (A)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CARDIOPULMONARY ARREST		5 Min.	
SEQUENTIALLY, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		109. BIOPSY PERFORMED?	
METASTATIC BREAST CANCER		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
3 Yrs.		110. AUTOPSY PERFORMED?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		111. USED IN DETERMINING CAUSE?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
MALIGNANT LEFT PLEURAL EFFUSION; SEPSIS			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)			
LEFT THORACOTOMY WITH DECORTICATION 02/06/2003; TRACHEOSTOMY 02/27/2003			
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		Decedent Last Seen Alive	
02/03/1999		03/05/2003	
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
<i>Gregory E. Ginn, MD</i>		G58391	
117. DATE mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
03/06/2003		GREGORY E. GINN, MD; 2074 LAKE TAHOE BLVD, SO. LAKE TAHOE, CA 96150	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
121. INJURY DATE mm/dd/yyyy 122. HOUR (24 Hours)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
126. SIGNATURE OF CORONER/DEPUTY CORONER		127. DATE mm/dd/yyyy	
<i>Stephen G. Drogina</i>			
128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER		FAX AUTH. #	
		7393	
STATE REGISTRAR		CENSUS TRACT	
A B C D E			

BK0303PG13159  
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CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF EL DORADO

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.

DATE ISSUED

03/14/2003

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

*Stephen G. Drogina*  
STEPHEN G. DROGIN, M.D.  
COUNTY HEALTH OFFICER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY  
William Lepore  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

2003 MAR 27 PM 12: 07

WERNER CHRISTEN  
RECORDER

\$16<sup>00</sup> PAID kg DEPUTY

0571476  
BK0303PG13160

