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APN: 1320-31-515-001

**When Recorded Mail To:**

✓ ROWE & HALES, LLP  
James R. Hales, Esq.  
P.O. Box 2080  
Minden, NV 89423

**Send Tax Statements To:**

Mary Gonzi  
1650 Zaldia Drive  
Minden, NV 89423

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY  
(Death of Joint Tenant)**

MARY GONZI, being of legal age and being first duly sworn, deposes and says:

MELCHIO GONZI, aka MELCHISEDECK GONZI, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MELCHIO GONZI, named as one of the parties in that certain Joint Tenancy Deed, dated the 8th day of May, 1992, executed by Jerry L. Blades and Anna M. Blades to Melchio Gonzi and Mary Gonzi holding title as joint tenants with rights of survivorship, recorded as Instrument No. 278258 on the 8th day of May, 1992, in book 592, page 1517 of the Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

Lot 1, Block A, as set forth on the final map of MACKLAND UNIT NO. 2 "Phase A", filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on August 21, 1989 in Book 889 at page 2804, Douglas County, Nevada as Document No. 209038.

Per NRS 111.312, this legal description was previously recorded at Document No. 278258, Book No. 592, Page 1517, on May 9, 1992.

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Affiant was the wife of MELCHIO GONZI, up to and until his death.

MELCHIO GONZI died on the 1st day of December, 2002.

IN WITNESS WHEREOF, I have hereunto set my hand this 2 day of May, 2003.

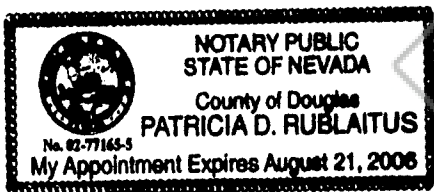
Mary Gonzi  
MARY GONZI

ACKNOWLEDGMENT

STATE OF NEVADA     )  
                                  ) ss.  
COUNTY OF DOUGLAS    )

This instrument was acknowledged before me on the 2nd day of May, 2003, by MARY GONZI.

WITNESS my hand and official seal.



Patricia D. Rublaitus  
NOTARY PUBLIC

# 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. Melchisedeck GONZI		2. December 1, 2002	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Minden		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3c. 1650 Zaldia Drive		3e.	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. White		4. Male	
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)	
6.		7a. 79	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		DATE OF BIRTH (Mo., Day, Yr.)	
11. Married		8. January 10, 1923	
CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (If wife, give maiden name)	
9b. U.S.A.		12. Mary Caruana	
Decedent's Education. Specify highest grade completed.		KIND OF BUSINESS OR INDUSTRY	
10. 12		14b. Naval Shipyard	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. 5042		14a. Carpenter	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Minden	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 1650 Zaldia Dr.	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Augustine Gonzi		17. Martha Darmanin	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Mary Gonzi		18b. 1650 Zaldia Dr., Minden, NV 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Removal/Burial		19b. St. Patrick's Cemetery	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a. [Signature]		20c. 1281 No. Roop St., Carson City, NV 89706	
FUNERAL DIRECTOR LICENSE NUMBER		LOCATION City or Town State	
20b. 9		19c. Placerville, CA	
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)		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)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 12/1/02		22b.	
HOUR OF DEATH		HOUR OF DEATH	
21c. 2210		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Hour)	
23a. Jeffrey N. Gingold, M.D. 3101 Plumas Reno, NV 89509		22e. AT	
LICENSE NUMBER		23b. 5867	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. December 4, 2002	
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) Lung cancer		6 months	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		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	
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	

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

DECEASED

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

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STATE REGISTRAR

No. 230471

[Signature]

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

Date Issued:

DEC 04 2002

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

0575514  
BK0503PG01283

REQUESTED BY  
*Roue + Hales*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2003 MAY -2 PM 2:39

WERNER CHRISTEN  
RECORDER

s/ *17<sup>th</sup>* PAID *Be* DEPUTY