

16  
APN: 1318-09-811-015

RECORDING REQUESTED BY and  
AFTER RECORDING MAIL THIS DEED to:

✓ Rachelle J. Nicolle  
Attorney at Law  
1662 Highway 395, Suite 214  
Minden, NV 89423

MAIL TAX STATEMENTS TO:

Marilyn K. Magnotti, Trustee  
P.O. Box 10043  
Zephyr Cove, NV 89448

REQUESTED BY  
Rachelle Nicolle  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

2004 JAN 16 AM 8:16

WERNER CHRISTEN  
RECORDER  
\$16<sup>00</sup> PAID K2 DEPUTY

## AFFIDAVIT OF DEATH OF JOINT TENANT

I, Marilyn K. Magnotti, being duly sworn say:

1) I am of legal age. That the Decedent, Louis A. Magnotti, described in the attached certified copy of the Certificate of Death is the same person as Louis A. Magnotti, who is named as one of the parties in the Grant, Bargain and Sale Deed recorded on July 24, 2002 in book 702, Page 7557, Document No. 0547827, which granted to Louis A. Magnotti and Marilyn K. Magnotti, husband and wife as joint tenants, and more particularly described as follows:

All that real property situate in the County of Douglas, State of Nevada, described as follows:

All that portion of Lot 8, Block 1, as shown on the map of ZEPHYR HEIGHTS SUBDIVISION, filed in the office of the County Recorder of Douglas County, Nevada, on July 5, 1947, as Document No. 5160, further described below:

All of Parcel A, as set forth on the parcel map for Ira Spencer recorded November 21, 1977, in the office of the County Recorder of Douglas County, Nevada, in Book 1177 of Official Records at Page 1316, Document No. 15236.

Subject to:

1. All general and special taxes for the current fiscal year.
2. Covenants, Conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

0602160

BK0104PG04917

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

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2) As a result of the death of my husband Louis A. Magnotti, I affirm and declare under penalty of perjury under the laws of the State of Nevada, that as the sole remaining surviving joint tenant, I am now the sole owner of the above-described real property and possess one hundred percent (100%) ownership over such property.

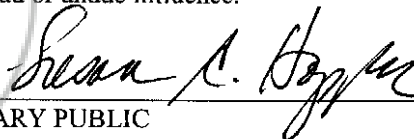
IN WITNESS WHEREOF, dated: December 15<sup>th</sup>, 2003.

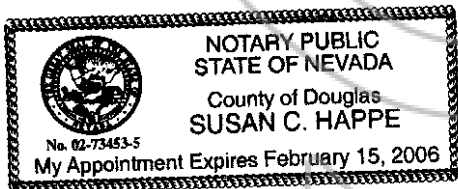
  
MARILYN K. MAGNOTTI

NOTARY PUBLIC JURAT STATEMENT

State of Nevada )  
County of Douglas )

Subscribed and sworn to (or affirmed) before me on December 15, 2003, by MARILYN K. MAGNOTTI. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

  
NOTARY PUBLIC



0602160

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of ALPINE

MARKLEEVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3200302000006

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY (NO ERASURES, WHITEOUTS OR ALTERATIONS) VS-11 (REV 1/03)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
LOUIS		ALBERT		MAGNOTTI	
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX	
02/06/1960		43		M	
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
NY		4764		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
12. MARRITAL STATUS (at Time of Death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
MARRIED		04/26/2003		2315	
13. EDUCATION - Highest Level/Type (see worksheet on back)		14. WAS DECEDENT SPANISH/SPANIC/LATINO? (if yes, see worksheet on back)		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
BACHELOR'S		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED.		18. KIND OF BUSINESS OR PROFESSION (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
OWNER		RETAIL FRANCHISE		7	
20. DECEDENT'S RESIDENCE (Street and number or location)					
634 LAKEVIEW DR.					
21. CITY		22. COUNTY/PROVINCE		23. STATE/FOREIGN COUNTRY	
ZEPHYR COVE		DOUGLAS		NEVADA	
24. ZIP CODE		25. YEARS IN COUNTY		26. STATE/FOREIGN COUNTRY	
89448		12		NEVADA	
28. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		
MARILYN K. MAGNOTTI - WIFE			P.O. BOX 10043, ZEPHYR COVE, NV 89448		
29. NAME OF SURVIVING SPOUSE - FIRST		30. LAST ( Maiden Name)		31. BIRTH STATE	
MARILYN		KAY		NY	
32. NAME OF FATHER - FIRST		33. MIDDLE		34. BIRTH STATE	
ALBERT		-		NY	
35. NAME OF MOTHER - FIRST		36. MIDDLE		37. BIRTH STATE	
VIOLA		-		NY	
38. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
05/01/2003		HAPPY HOMESTEAD CEMETERY, SO. LAKE TAHOE, CA			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF FUNERAL HOME		43. LICENSE NUMBER	
BU		<i>Timothy Bennett</i>		7872	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
McFARLANE MORTUARY		FD-1180		<i>Carol McElroy</i>	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR			
05/01/2003		<i>Carol McElroy</i>			
101. PLACE OF DEATH					
MOUNTAINSIDE					
102. COUNTY		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		104. CITY	
ALPINE		FAITH VALLEY, APPROX. 1 Mile FROM BLUE LAKES RD.		MARKLEEVILLE	
107. CAUSE OF DEATH					
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.					
108. IMMEDIATE CAUSE (A) (Final disease or condition resulting in death)		109. DEATH REPORTED TO CORONER? (Time Interval Between Cause and Death)		110. DEATH REPORTED TO CORONER?	
ASPHYXIATION		Minutes		03-591	
111. BIOPSY PERFORMED?		112. AUTOPSY PERFORMED?		113. USED IN DETERMINING CAUSE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
114. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
NONE					
115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 114? (If yes, list type of operation and date.)					
NO					
116. IF FEMALE, PREGNANT IN LAST YEAR?		117. DATE mm/dd/yyyy			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		04/26/2003			
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		115. SIGNATURE AND TITLE OF CERTIFIER	
(A) mm/dd/yyyy		(B) mm/dd/yyyy		<i>Carol McElroy</i>	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. LICENSE NUMBER		118. DATE mm/dd/yyyy	
				04/29/2003	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
MANNER OF DEATH		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
Natural <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		04/26/2003	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. HOUR (24 Hours)		124. INJURY DATE mm/dd/yyyy	
MOUNTAINSIDE				04/26/2003	
125. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
DECEDENT WAS CAUGHT IN AN AVALANCHE WHILE RIDING A SNOWMOBILE					
126. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
FAITH VALLEY, APPROX. 1 MILE FROM BLUE LAKES RD., MARKLEEVILLE, CA 96120					
127. SIGNATURE OF CORONER/DEPUTY CORONER		128. DATE mm/dd/yyyy		129. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
<i>Donald A. Skinner, Jr.</i>		04/29/2003		DONALD A. SKINNER, JR. DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT	
A B C D E					

0602160  
RKAL101 PG 04 919

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CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF ALPINE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alpine County Recorder.

DATE ISSUED 05/01/2003

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

CAROL McELROY  
Alpine County Recorder

*Carol McElroy*  
DEPUTY

