

APN: 1318-23-212-012

15

DOC # 0690257
12/07/2006 03:09 PM Deputy: GB
OFFICIAL RECORD
Requested By:
TURNER HUGUET & ADAMS

RECORDING REQUESTED BY:

MAURICE E. HUGUET, JR.

WHEN RECORDED RETURN TO:

RUDY R. GATTI
715 BLUE SPRUCE DRIVE
DANVILLE, CA 94506

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 2 Fee: 15.00
BK-1206 PG-2552 RPTT: 0.00



AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA:

RUDY R. GATTI, of legal age, being first duly sworn, deposes and says:

That VIRGINIA M. GATTI, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as VIRGINIA MARIE GATTI named as one of the parties in that certain Grant Deed dated May 19, 2006, executed by JAMES A. LEWIS and BERNEACE A. LEWIS to RUDY R. GATTI and VIRGINIA M. GATTI, husband and wife, as joint tenants, recorded as Instrument No. 80722, on May 30, 1975, in Book 575, Page 1227, of Official Records of Douglas County, Nevada, covering the following described property situated in the unincorporated area of the County of Douglas, State of Nevada:

Lot 23 A, as shown on the Map of Lake Village Unit No. 2-C, filed in the Office of the County Recorder on April 27, 1973, Document No. 65826, Official Records of Douglas County, State of Nevada.

A.P.N. 1318-23-212-012

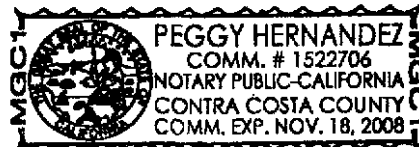
Property Address: 115A Snowbird Court, Stateline

Dated: December 5, 2006

Rudy R. Gatti
RUDY R. GATTI

Subscribed and sworn to (or affirmed) before me on this 5th day of December, 2006, by RUDY R. GATTI, personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Peggy Hernandez
Notary Public



CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3-86-01

0951

STATE FILE NUMBER		STATE OF CALIFORNIA			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR		
Virginia		Marie		Gatti		February 7, 1986		1000		
3. SEX	4. RACE/ETHNICITY		5. SPANISH/HISPANIC	6. DATE OF BIRTH		7. AGE	IF UNDER 1 YEAR	IF UNDER 24 HOURS	IF UNDER 24 HOURS	
Female	White		NO	January 13, 1930		56	YEARS	MONTHS	DAYS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER			10. BIRTH NAME AND BIRTHPLACE OF MOTHER					
California		William E. Loone, Sr. - Australia			Marie E. Kant - Kansas					
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		
U. S. A.		19__ TO 19__		1332		Married		Rudy R. Gatti		
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS				
Homemaker		Adult Life		---		---				
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)					19B.					
4392 Grover Drive					Fremont					
19D. COUNTY					19E. STATE					
Alameda					California					
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP					Rudy R. Gatti - Husband					
21A. PLACE OF DEATH					21B. COUNTY					
Residence					Alameda					
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)					21D. CITY OR TOWN					
4392 Grover Drive					Fremont					
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)					24. WAS DEATH REPORTED TO CORONER?					
IMMEDIATE CAUSE					YES					
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.					25. WAS BIOPSY PERFORMED?					
(A) metastatic Lung Cancer					YES					
(B)					NO					
(C)					NO					
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A					27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION					
---					Bronchoscopy					
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.					28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER	
I ATTENDED DECEDENT SINCE (ENTER MO./DA. YR.)					Peter M. Deck, M.D.		2/7/86		636068	
LAST SAW DECEDENT ALIVE (ENTER MO./DA. YR.)					29E. TYPE PHYSICIAN'S NAME AND ADDRESS					
4/9/85					Peter M. Deck, M.D., 39400 Paseo Padre Pkwy. Fremont, CA					
29. SPECIFY ACCIDENT, SUICIDE, ETC.			30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR	
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33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)					34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
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35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)					35B. CORONER—SIGNATURE AND DEGREE OR TITLE			35C. DATE SIGNED		
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36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY			39. EMBALMER'S LICENSE NUMBER AND SIGNATURE			
Entombment		Feb. 10, 1986		Chapel of the Chimes Cemetery, Hayward			7026 David L. Luttrell			
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE			42. DATE ACCEPTED BY LOCAL REGISTRAR			
Fremont Chapel of the Roses		F1007		---			FEB 8 1986			
STATE	A.	B.	C.	D.	E.	F.	G.	H.		

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA.

SEAL

CARL L. SMITH, M.D., LOCAL REGISTRAR

BY: *[Signature]* DEPUTY

DATE: JUL 25 1986



BK- 1206
PG- 2553