

OFFICIAL RECORD

Requested By:

DONNA RACHELLI

APN#: 1420-33-410-031

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0507 PG- 2819 RPTT: 0.00

Recording Requested By:



When Recorded Mail To:

Donna Rachelli
P.O. Box 2828
Minden, NV
89423

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.

(Per NRS 239B.030)

Signature

Donna Rachelli

Donna Rachelli

Owner

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

Donna L. Rachelli of legal age, being first duly sworn, deposes and says:

That Anthony Rachelli, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Anthony Rachelli named as one of the parties in that certain Corporation Grant Deed dated 08/04/95 executed by Rand Construction Management & Consulting Co to Donna L. Rachelli and Anthony Rachelli, wife and husband as joint tenants, recorded as instrument No. 369591, on 03/31/95, in Book 0895, Page 5473, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of , State of Nevada:

SEE ATTACHED EXHIBIT 'A' FOR LEGAL DESCRIPTION

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ \$10.00.

Dated 5/8/07

Donna L. Rachelli
Donna L. Rachelli
Surviving Joint Tenant

STATE OF NEVADA
COUNTY OF Douglas

This instrument was acknowledged before me on 5/8/07

by Donna L. Rachelli

[Signature]
Notary Public

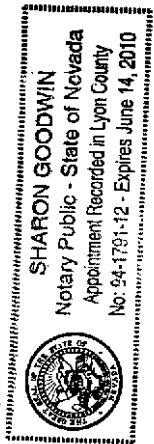


EXHIBIT "A"

Lot 38, as set forth on that Subdivision Map Entitled WILDHORSE ANNEX UNIT NO. 2, a Planned Unit Development, recorded October 10, 1994 in Book 1094, at Page 1490, Official Records of Douglas County, State of Nevada, as Document No. 348105.

Excepting therefrom all minerals, oil, gas and other hydrocarbons, as excepted in the Deed to STOCK PETROLEUM CO., INC. recorded March 13, 1980 in Book 380, at Page 1315, Official Records of Douglas County, Nevada as Document No. 42677.

APN 1420-33-410-031



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2007001967
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME FIRST Anthony			1b. MIDDLE M			1c. LAST RACHELLI			2. DATE OF DEATH (Mo/Day/Year) April 28, 2007			3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville				3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Carson Valley Medical Center				3d. If Hosp. or Inst. Indicate DOA, OPI, Emer. Rm. Inpatient (Specify) Inpatient			4. SEX Male			
5. RACE-(e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc.			7a. AGE-Last birthday (Years) 77			7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) December 05, 1929	
9a. STATE OF BIRTH (if not U.S.A., name country) South Africa			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Donna L PERRON			
13. SOCIAL SECURITY NUMBER [REDACTED]				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Salesman				14b. KIND OF BUSINESS OR INDUSTRY Carpet						
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Minden			15d. STREET AND NUMBER 2613 Sweet Clover Court			15e. INSIDE CITY LIMITS (Specify Yes or No) No		
16. FATHER - NAME (First Middle Last Suffix) Michael Van SCHOOR						17. MOTHER - NAME (First Middle Last Suffix) Ann RICH								
18a. INFORMANT - NAME (Type or Print) Donna L RACHELLI						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2613 Sweet Clover Court Minden, Nevada 89423								
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory				19c. LOCATION City or Town State Carson City Nevada 89708						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL				20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1814 N Curry Street Carson City NV 89703								
TRADE CALL - NAME AND ADDRESS														
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED STEPHEN HEWITT DO						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) stated. (Signature & Title)								
21b. DATE SIGNED (Mo/Day/Yr) April 30, 2007				21c. HOUR OF DEATH 17:55				22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Stephen Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA									23b. LICENSE NUMBER NV 1107					
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 30, 2007			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
25. IMMEDIATE CAUSE - (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)														
PART I (a) Gastric Cancer										Interval between onset and death 1 Year				
(b) DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death				
(c) DUE TO, OR AS A CONSEQUENCE OF:										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.									26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			28b. DATE OF INJURY (Mo/Day/Yr)			28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED						
28e. INJURY AT WORK (Specify Yes or No)			28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)				28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN	STATE		

STATE REGISTRAR



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141364 - CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **05/04/2007**

This copy is not valid unless enclosed on engraved border displaying date, seal and signature of Registrar.

PNCO (REV) 1/06

STATE REGISTRAR
SIGNATURE AUTHENTICATED

