

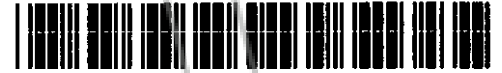
180

APN: 1318-23-810-088

Recording requested by and  
When recorded mail to:

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 5 Fee: 18.00  
BK-1210 PG-0813 RPTT: 0.00

✓ Jeffrey K. Rahbeck, Esq  
P.O. Box 435  
Zephyr Cove, Nevada 89448



AFFIDAVIT OF DEATH OF JOINT TENANT

THOMAS ALAN BUONACCORSI, being first duly sworn, deposes and  
says:

That Affiant and AL BUONACCORSI are the surviving son and spouse of  
ARDIS (aka Ardie) BUONACCORSI, and that the Affiant and AL  
BUONACCORSI and the said ARDIE BUONACCORSI, deceased, are the  
grantees in joint tenancy under that certain JOINT TENANCY DEED dated the  
24th day of August 1988; said document was recorded on the 16<sup>th</sup> day of  
September 1988, in Book 988, Page 2480, being document number 186551, of  
the official records in Douglas County, State of Nevada, affecting all that certain  
piece or parcel of land, situate in the County of Douglas, State of Nevada, and  
more particularly described as follows, to wit:

"Lot 12, Block C, as shown on the Official Map of  
Kingsbury Meadows Subdivision, recorded in the Office  
of the County Recorder on July 5, 1955 in Book 1 of  
Maps as Document No. 10542, Assessor's Parcel  
No. 1318-23-810-088"

That the said ARDIE BUONACCORSI, one of the joint tenant grantees  
respecting said JOINT TENANCY DEED, died on the 25th day of December,

2000, and is the identical person named in that certain certified copy of Certificate of Death, attached hereto as Exhibit "A"; that said certified copy of Death Certificate hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

That all interest in and to the above-described real property, vested absolutely in Affiant, namely, THOMAS ALAN BUONACCORSI and AL BUONACCORSI, as of the date of the decedent's death.

DATED this 1<sup>st</sup> day of December, 2010.

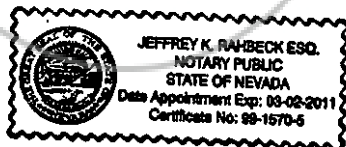
*Thomas Alan Buonaccorsi*  
THOMAS ALAN BUONACCORSI

**ACKNOWLEDGEMENT**

STATE OF NEVADA )  
 ) ss.  
COUNTY OF DOUGLAS )

On the 1<sup>st</sup> day of December, 2010, before me, Jeffrey K. Rahbeck, Esq., a Notary Public, personally appeared THOMAS ALAN BUONACCORSI, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument, the person, or the entities upon behalf of which the person acted, executed this instrument.

WITNESS my hand and official seal.



*Jeffrey K. Rahbeck*  
NOTARY PUBLIC

COPY

**EXHIBIT "A"**

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**EL DORADO COUNTY**  
**HEALTH DEPARTMENT**  
 PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH **3 200009**

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY AND ERASURES, WHITEOUTS OR ALTERATIONS VB-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1 of 2		1. NAME OF DECEDENT—FIRST (GIVEN) <b>ARDIS</b>		2. MIDDLE <b>MAY</b>		3. LAST (FAMILY) <b>BUONACCORSI</b>	
4. DATE OF BIRTH M/M/DD/C/CCYY <b>11/03/1933</b>		5. AGE YRS. <b>67</b>		6. SEX <b>F</b>		7. DATE OF DEATH M/M/DD/C/CCYY H. HOUR <b>12/25/2000 1035</b>	
8. STATE OF BIRTH <b>OR</b>		10. SOCIAL SECURITY NO. <b>6104</b>		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS <b>MARRIED</b>	
13. EDUCATION—YEARS COMPLETED <b>12</b>		14. RACE <b>WHITE</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>SELF EMPLOYED</b>	
17. OCCUPATION <b>HOMEMAKER</b>		18. KIND OF BUSINESS <b>OWN HOME</b>		19. YEARS IN OCCUPATION <b>38</b>			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>190 JUNIPER DR.</b>							
21. CITY <b>STATELINE</b>		22. COUNTY <b>DOUGLAS</b>		23. ZIP CODE <b>89449</b>		24. YRS IN COUNTY <b>27</b>	
25. STATE OR FOREIGN COUNTRY <b>NEVADA</b>							
26. NAME, RELATIONSHIP <b>ELIO J. BUONACCORSI - HUSBAND</b>				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL BOX NUMBER, CITY OR TOWN, STATE, ZIP) <b>P.O. BOX 2161, STATELINE, NV 89449</b>			
28. NAME OF SURVIVING SPOUSE—FIRST <b>ELIO</b>		29. MIDDLE <b>JOSEPH</b>		30. LAST (MAIDEN NAME) <b>BUONACCORSI</b>			
31. NAME OF FATHER—FIRST <b>MELBOURNE</b>		32. MIDDLE <b>J.</b>		33. LAST <b>EDGE</b>		34. BIRTH STATE <b>TX</b>	
35. NAME OF MOTHER—FIRST <b>EDNA</b>		36. MIDDLE <b>MAY</b>		37. LAST (MAIDEN) <b>SCHROEDER</b>		38. BIRTH STATE <b>MT</b>	
39. DATE M/M/DD/C/CCYY <b>12/29/2000</b>		40. PLACE OF FINAL DISPOSITION <b>HAPPY HOMESTEAD CEMETERY, SO. LAKE TAHOE, CA</b>					
41. TYPE OF DISPOSITION <b>CR/BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>				43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR <b>McFARLANE MORTUARY</b>		45. LICENSE NO. <b>FD-1180</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Stephan A. Scott</i>		47. DATE M/M/DD/C/CCYY <b>12/27/2000</b>	
48. PLACE OF DEATH <b>BARTON MEMORIAL HOSPITAL</b>		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/DP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV <input type="checkbox"/> HOSP <input type="checkbox"/> RES <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		104. COUNTY <b>EL DORADO</b>	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>4TH AND SOUTH AVE.</b>		106. CITY <b>SO. LAKE TAHOE</b>					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						TIME INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <b>CARDIOPULMONARY ARREST</b>						Minutes <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER <b>00-10440</b>	
DUE TO (B) <b>INTRACRANIAL HEMORRHAGE</b>						Hours <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C) <b>ACUTE CEREBROVASCULAR ACCIDENT</b>						Hours <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)						111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>NONE</b>							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE <b>NO</b>							
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 M/M/DD/C/CCYY <b>12/25/2000</b> DECEDENT LAST SEEN ALIVE M/M/DD/C/CCYY <b>12/25/2000</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>Stephan A. Scott, MD</b>		116. LICENSE NO. <b>661226</b>		117. DATE M/M/DD/C/CCYY <b>12/26/2000</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>STEPHAN A. SCOTT, MD, 2170 SOUTH AVE., SO. LAKE TAHOE, CA 96150.</b>							
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED						120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
121. INJURY DATE M/M/DD/C/CCYY						122. HOUR	
123. PLACE OF INJURY						124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER				127. DATE M/M/DD/C/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
D		E		F		G	
H		I		J		K	
FAX AUTH. # <b>0990</b>						CENSUS TRACT	

BK- 1210  
 PG- 816  
 0774871 Page: 4 of 5 12/03/2010

55344

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 **01/08/2001**

*Stephan A. Scott*  
 STEPHEN A. SCOTT, M.D.  
 COUNTY HEALTH OFFICER

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



# EL DORADO COUNTY

## HEALTH DEPARTMENT

PLACERVILLE, CALIFORNIA

0774871 Page: 5 Of 5      BK- 1210  
 PG- 817  
 12/03/2010

**AFFIDAVIT TO AMEND A RECORD** <sub>3</sub> 2000 09

STATE FILE NUMBER      DEATHS AFTER 1-1994      LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER  
 NO ERASURES, WHITEOUTS, OR ALTERATIONS

STATE/LOCAL REGISTRAR USE ONLY	1.	2.	3.			
<b>PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY</b>						
ADDITIONAL INFORMATION TO LOCATE RECORD	1. NAME—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)			
	ARDIS	MAY	BUONACCORSI			
	4. SEX	5. DATE OF EVENT—MM/DD/CCYY	6. CITY OF OCCURRENCE	7. COUNTY OF OCCURRENCE		
	F	12/25/2000	SO. LAKE TAHOE	EL DORADO		
	8. FATHER'S NAME AS STATED ON ORIGINAL		9. MOTHER'S NAME AS STATED ON ORIGINAL			
	MELBOURNE J. EDGE		EDNA MAY SCHROEDER			

**PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS**

10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
1	ARDIS	ARDICE
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REASON FOR CORRECTION      13. WRONG SPELLING

AFFIDAVITS AND SIGNATURES      We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM	14. SIGNATURE OF FIRST PERSON	15. TITLE/RELATIONSHIP TO PERSON IN PART I	16. DATE SIGNED—MM/DD/CCYY
	<i>Michael ...</i>	FUNERAL DIRECTOR	12/30/2000
USE BLACK INK ONLY	17. AGE	18. ADDRESS (STREET, CITY, STATE, ZIP)	
	54	887 EMERALD BAY RD., SO. LAKE TAHOE, CA 96150	
STATE/LOCAL REGISTRAR USE ONLY	19. SIGNATURE OF SECOND PERSON	20. TITLE/RELATIONSHIP TO PERSON IN PART I	21. DATE SIGNED—MM/DD/CCYY
	<i>Timothy ...</i>	FUNERAL DIRECTOR	12/30/2000
	22. PAGE	23. ADDRESS (STREET, CITY, STATE, ZIP)	
	51	887 EMERALD BAY RD., SO. LAKE TAHOE, CA 96150	
	24. SIGNATURE OF STATE OR LOCAL REGISTRAR	25. DATE ACCEPTED FOR REGISTRATION—MM/DD CCYY	
	<i>Stephen G. Drogin</i>	01/08/2001	

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR      12 2001 (Rev. 1/99)



55367  
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 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 01/08/2001

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



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