

OFFICIAL RECORD

Requested By:

JEFFREY K RAHBECK

APN: 1318-23-810-088

Recording requested by and
When recorded mail to:

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

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00
BK- 1210 PG- 0818 RPTT: 0.00



AFFIDAVIT OF DEATH OF JOINT TENANT

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

That Affiant is the surviving son of AL BUONACCORSI, and that the
Affiant and the said AL 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 16th 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 AL BUONACCORSI, one of the joint tenant grantees
respecting said JOINT TENANCY DEED, died on the 19th day of January, 2010,
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, as of the date of the decedent's death.

DATED this 1st day of December, 2010.

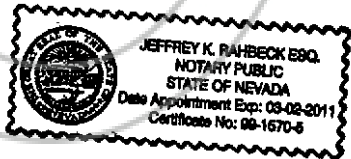
Thomas Alan Buonaccorsi
THOMAS ALAN BUONACCORSI

ACKNOWLEDGEMENT

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

On the 1st 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

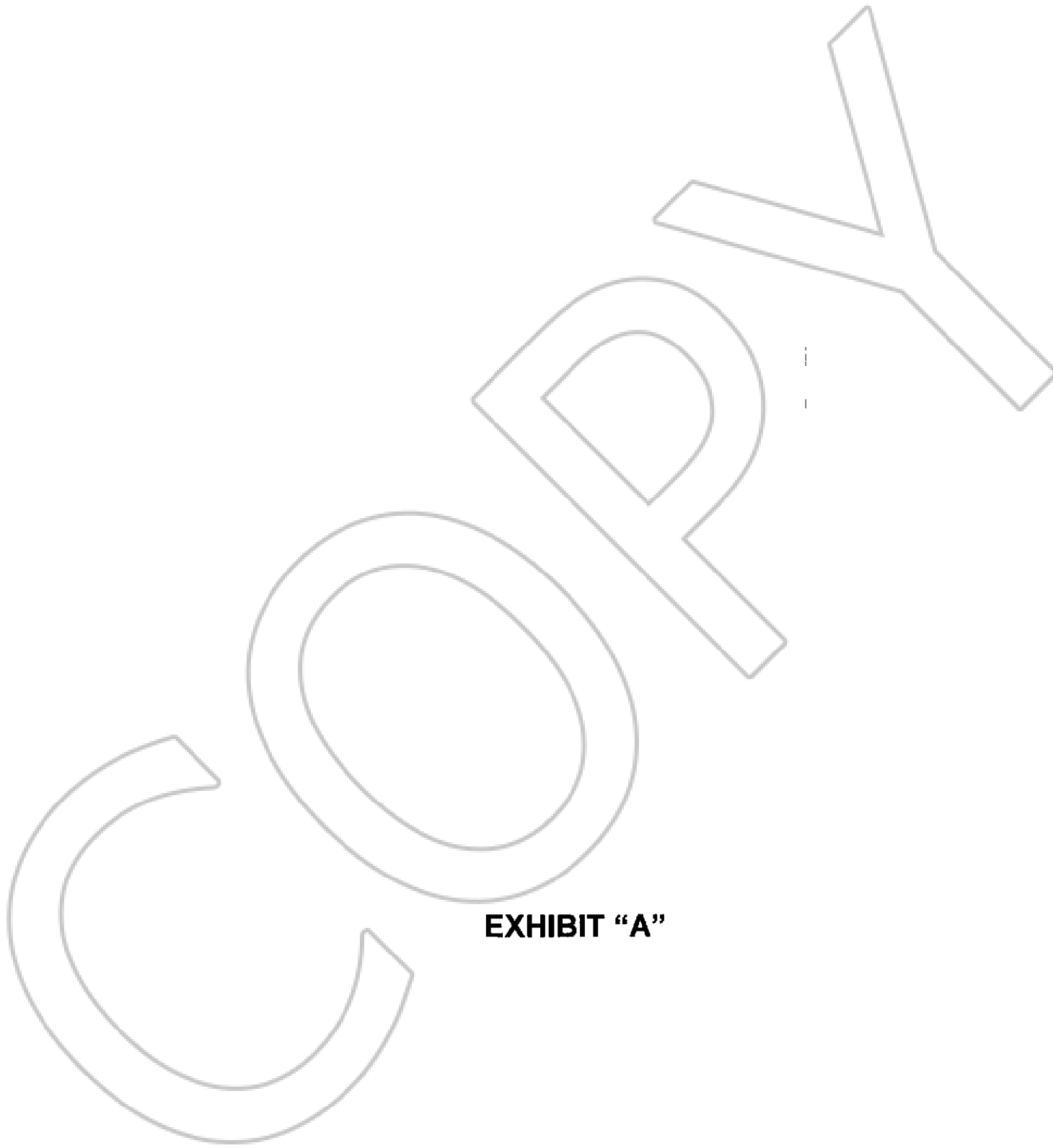


EXHIBIT "A"

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

HEALTH DEPARTMENT
PLACERVILLE, CALIFORNIA

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CERTIFICATE OF DEATH

3201009000053

1. NAME OF DECEDENT - FIRST (Given) ELIO		2. MIDDLE J		3. LAST (Family) BUONACCORSI	
4. DATE OF BIRTH mm/dd/yyyy 10/10/1919		5. AGE Yrs. 90		6. UNDER 65 YEAR Months Days	
7. DATE OF DEATH mm/dd/yyyy 01/19/2010		8. HOUR 2030		9. SEX M	
10. SOCIAL SECURITY NUMBER 9371		11. EVER IN U.S. ARMED FORCES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (ROP) at Time of Death WIDOWED	
13. EDUCATION - Highest Level (Degrees) ASSOCIATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 9 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CHIEF ENGINEER		18. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) HOTEL CASINO		19. YEARS IN OCCUPATION 25	
20. DECEDENT'S RESIDENCE (Street and number, or location) 190 JUNIPER DRIVE		21. CITY STATELINE		22. COUNTY/PROVINCE DOUGLAS	
23. ZIP CODE 89448		24. YEARS IN COUNTY 36		25. STATE/FOREIGN COUNTRY NV	
26. INFORMANT'S NAME, RELATIONSHIP THOMAS BUONACCORSI, SON		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) PO BOX 2161, STATELINE, NV 89449			
28. NAME OF SURVIVING SPOUSE/ROP - FIRST PALMIRO		29. MIDDLE BUONACCORSI		30. LAST (BIRTH NAME) BUONACCORSI	
31. NAME OF FATHER/PARENT - FIRST UMLITA		32. MIDDLE PRATALI		33. LAST (BIRTH NAME) PRATALI	
34. BIRTH STATE ITALY		35. BIRTH STATE ITALY		36. BIRTH STATE ITALY	
37. DATE OF DISPOSITION mm/dd/yyyy 01/31/2010		38. PLACE OF FINAL DISPOSITION HAPPY HOMESTEAD CEMETERY 1261 JOHNSON BLVD, SOUTH LAKE TAHOE, CA 96150			
39. TYPE OF DISPOSITION(S) CR/BU		40. SIGNATURE OF EMBALMER NOT EMBALMED		41. LICENSE NUMBER	
42. NAME OF FUNERAL ESTABLISHMENT MC FARLANE MORTUARY INC		43. LICENSE NUMBER FD1180		44. SIGNATURE OF LOCAL REGISTRAR OLIVIA KASIRYE, MD, MS	
45. DATE mm/dd/yyyy 01/21/2010					
101. PLACE OF DEATH BARTON MEMORIAL HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/>	
104. CITY EL DORADO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2170 SOUTH AVENUE		106. CITY SOUTH LAKE TAHOE	
107. CAUSE OF DEATH PNEUMONIA		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. DAYS EM10-00636	
110. SPOUSE PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. LIES IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 OGILVIE SYNDROME, DIABETES MELLITUS					
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? (If yes, list type of operation and date) NO					
115. SIGNATURE AND TITLE OF CERTIFIER JEAN PETERS MAKRIS M.D.		116. LICENSE NUMBER A77127		117. DATE mm/dd/yyyy 01/21/2010	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JEAN PETERS MAKRIS M.D.		119. DATE mm/dd/yyyy 01/01/2006			
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hour)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

000125510

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

FEB 11 2010

DATE ISSUED

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

