

✓ NAME STREET Antonino Bondi
ADDRESS CITY & 100 Great Western Rd, Harwich
STATE MA 02645

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0411 PG- 0008 RPTT: 0.00

AFFIDAVIT - DEATH OF

Assessor's Parcel Number:
State of Massachusetts County of Barnstable } ss. Joint Tenant



Antonino Bondi, of legal age, being first duly sworn, deposes and says:

That Grace J. Bondi, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Grace J. Bondi named as one of the parties in that certain

Grant Deed dated July 13, 1984, executed by Tahoe Summit Village Time Share Developers to Antonino Bondi and Grace J. Bondi Husband and wife, as

joint tenants, recorded as Instrument No. 103782 on July 20, 1984, in Book/Reel 784, Page/Image 1698, of Official Records of Douglas County, California, covering the following described property situated in the Douglas County of Nevada, State of Nevada

SEE EXHIBIT "A" ATTACHED AND MADE A PART HEREOF.

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

Dated _____

SUBSCRIBED AND SWORN TO (or affirmed) before me on this March 12 day of 12 2011 by Antonino Bondi proved to me on the basis of satisfactory evidence to be the persons who appeared before me. NOTARY SEAL

Darcy Dunn-Cricco 3/12/11
Notary Signature
Notary Public Commissioned for said County and State

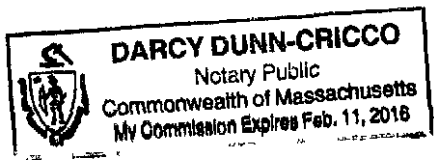


Exhibit A

PARCEL 1: An undivided 1/51st interest in and to that certain condominium described as follows: (i) An undivided 1/9th interest, as tenants-in-common, in and to Lot 28 of Tahoe Village Unit No. 2, Third Amended Map, recorded February 26, 1981, as Document No. 53845, Official Records of Douglas County, State of Nevada, except therefrom Units 1 to 9; (ii) Unit No. E, as shown and defined on said last mentioned map. Unit Type A.

PARCEL 2: A non-exclusive right to use the real property known as The Common Area on The Official Map of Tahoe Village Unit No. 2, recorded March 29, 1974 as Document No. 72495, records of said county and state, for all those purposes provided for in the Declarations of Covenants, Conditions and Restrictions recorded September 28, 1973 as Document No. 69063 in Book 973 Page 812 of Official Records and in the Modification recorded July 2, 1976 as Document No. 1472 in Book 776 Page 87 of Official Records.

PARCEL 3: The exclusive right to use said Unit and the nonexclusive right to use the real property referred to in subparagraph (a) of Parcel One and Parcel Two above during one (1) "Use Period" within the Spring "Season", as said quoted terms are defined in the Declaration.

The above described exclusive and non-exclusive rights may be applied to any available unit in the project, during said Use Period within said Season.

TOGETHER WITH ALL AND SINGULAR THE TENEMENTS, HEREDITAMENTS AND APPURTENANCES THEREUNTO BELONGING OR IN ANYWISE APPERTAINING, AND THE REVERSION AND REVERSIONS, REMAINDER AND REMAINDERS, RENTS, ISSUES, AND PROFITS THEREOF.

TO HAVE AND TO HOLD THE SAID PROPERTY, TOGETHER WITH THE APPURTENANCES, UNTO THE SAID PART OF THE SECOND PART, AND TO their HEIRS AND ASSIGNS, FOREVER.



STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

REGISTERED NUMBER

STATE USE ONLY

STATE USE ONLY

4c Hosp

5 Type

6 Hsp Race

10 Age

15 Resid

15 Out-State

28 Disp

31-32 Autop

34 Manner

35c Work Inj

35t Place

36-37 Cert

40a Pron

DECEDENT

INFORMANT

DISPOSITION

CERTIFIER

DECEDENT - NAME FIRST MIDDLE LAST: Grace J. Bondi

SEX: Fem. DATE OF DEATH (Mo., Day, Yr.): April 12, 2010

PLACE OF DEATH (City/Town): Dennis COUNTY OF DEATH: Barnstable HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number): Eagle Pond

HOSPITAL: Inpatient ER/Outpatient DOA Nursing Home Residence Other (Specify)

WAS DECEDENT OF HISPANIC ORIGIN? NO YES

RACE (e.g. White, Black, American Indian, etc.): White

AGE - Last Birthday (Yrs.): 86 DATE OF BIRTH (Mo., Day, Yr.): Jan. 22, 1924 BIRTHPLACE (City and State or Foreign Country): Lawrence, Massachusetts

MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED: Married LAST SPOUSE (If wife, give maiden name): Antonino Bondi

RESIDENCE - NO & ST., CITY/TOWN, COUNTY STATE/COUNTRY: 100 Great Western Road, Harwich, Barnstable, Massachusetts

FATHER - FULL NAME: Anthony Torrissi STATE OF BIRTH (If not in US, name country): Italy MOTHER - NAME (GIVEN) (MAIDEN): Mary Cavallaro

INFORMANT'S NAME: Antonino Bondi MAILING ADDRESS - NO & ST., CITY/TOWN, STATE ZIP CODE: P.O. Box 1165, S. Dennis, MA 02660 RELATIONSHIP: Husband

METHOD OF IMMEDIATE DISPOSITION: BURIAL CREMATION ENTOMBMENT REMOVAL FROM STATE DONATION OTH. SPEC

FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE: William C. Crowley LICENSE #: 5450

PLACE OF DISPOSITION (Name of Cemetery, Crematory or other): St. Francis Xavier Cemetery LOCATION (City/Town, State): Barnstable, MA

DATE OF DISPOSITION (Mo., Day, Yr.): April 16, 2010 NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE: Doane, Beal & Ames, 729 Route 134, S. Dennis, MA 02660

PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d) PRINT OR TYPE LEGIBLY.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Congestive Heart Failure

Approximate Interval Between Onset and Death: months

PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.

30 MED EXAM. NOTIFIED? (Yes or No): No

34 MANNER OF DEATH: NATURAL HOMICIDE ACCIDENT SUICIDE PENDING INVESTIGATION

DATE OF INJURY (Mo., Day, Yr.): DATE OF DEATH (Mo., Day, Yr.): April 12, 2010

35a TIME OF INJURY: 35b TIME OF DEATH: 2:00 A.M.

35c INJURY AT WORK (Yes or No):

36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated: Judith Recknagel, M.D.

36b DATE SIGNED (Mo., Day, Yr.): April 12, 2010

36c HOUR OF DEATH: 2:00 A.M.

36d NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER: Judith Recknagel, M.D.

37a 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: Judith Recknagel, M.D.

37b DATE SIGNED (Mo., Day, Yr.): April 12, 2010

37c HOUR OF DEATH: 2:00 A.M.

37d PRONOUNCED DEAD (Mo., Day, Yr.):

37e PRONOUNCED DEAD (Hr.):

37f PRONOUNCED DEAD (M):

37g PRONOUNCED DEAD (F):

37h PRONOUNCED DEAD (M):

37i PRONOUNCED DEAD (F):

37j PRONOUNCED DEAD (M):

37k PRONOUNCED DEAD (F):

37l PRONOUNCED DEAD (M):

37m PRONOUNCED DEAD (F):

37n PRONOUNCED DEAD (M):

37o PRONOUNCED DEAD (F):

37p PRONOUNCED DEAD (M):

37q PRONOUNCED DEAD (F):

37r PRONOUNCED DEAD (M):

37s PRONOUNCED DEAD (F):

37t PRONOUNCED DEAD (M):

37u PRONOUNCED DEAD (F):

37v PRONOUNCED DEAD (M):

37w PRONOUNCED DEAD (F):

37x PRONOUNCED DEAD (M):

37y PRONOUNCED DEAD (F):

37z PRONOUNCED DEAD (M):

38 NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print): Judith Recknagel, M.D., 408 Route 6A, Yarmouthport, MA 02675

39 LICENSE NO. OF CERTIFIER: 44533

40a WAS THERE A PRONOUNCEMENT FORM? (Yes or No): Yes

40b IF YES DATE PRONOUNCED: Apr. 12, 2010

40c IF YES TIME PRONOUNCED: 2:00 A.M.

40d NAME OF PRONOUNCER: Sabine Switzer

40e TITLE: XX R.N. P.A. N.P.

41 DATE BURIAL PERMIT ISSUED: April 14, 2010

42 RECEIVED IN THE CITY/TOWN OF: Dennis

43 DATE OF RECORD: April 15, 2010

44 SIGNATURE - BD OF HEALTH AGENT: [Signature]

45 CLERK'S SIGNATURE: Laura McCarthy, asst.

Pronouncement of Death Form (R-302) on File:

PERMANENT BLACK INK ONLY

R-301-08

"I hereby certify that I am the Clerk of the Town of Dennis; that as such, I have custody of the records of births, deaths and marriages required by law to be kept in my office. I do hereby certify that the above is a true copy from said records"

Laura McCarthy, asst.
DENNIS TOWN CLERK



BK- 0411
PG- 10