

APN: 1319-30-618-003
Recording Requested By:
Greatway Services
1868 N. Deffer Dr. Ste. 5
Nixa, MO 65714

AFFIDAVIT OF DEATH

Before me, the undersigned Notary Public, personally known to me, appeared **Laura Palazzi N/K/A Laura Reyes, daughter of decedent** (hereinafter "Affiant"), who first being duly sworn, deposes and says that Affiant has personal knowledge of the facts and matters set forth herein.

1. Affiant is over the age of eighteen (18) years of age and resides at :
**2735 Mary Lane
Escondido, CA 92025**
2. That the Affiant is one of the two purchasers named in the **Tahoe Summit Village deed recorded on 7/24/1984 in Book 784, Page 1978** and is the identical person named as joint tenant with **Nicetta Palazzi**, the decedent's date of demise being **May 18, 2003** as shown in the certain Death Certificate, a certified copy is attached hereto and made part hereof.
3. Legal Description of Property:

PARCEL 1:

An undivided **1/51st** interest in and to that certain condominium estate described as follows: (i) An undivided **2/9th** 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, of Official Records of Douglas County, State of Nevada, except therefrom Units 1 to 9; (ii) Unit No. **C**, 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 **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, 193 as Document No: 69063 in Book 976, Page 812 of Official Record 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 non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1 and 2 above during **two** "use period" within the **SWING** season" as said quoted terms are defined in the Declaration.

IN WITNESS WHEREOF Grantor has executed this instrument on the day and year first above written.

Lara Adamick
Witness Signature:

[Signature]
Witness Signature:

Lara Adamick
Witness Printed Name

Jessica Larsen
Witness Printed Name

Laura F. Palazzi NKA Laura Reyes
Laura F. Palazzi N/K/A Laura Reyes

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF California)
)SS.
COUNTY OF San Diego)

On this 17 day of February, 2018, before me (insert NAME and TITLE of OFFICER) Brianna Maria DiFranco, Notary Public, personally appeared (insert name of signatory(ies)) Laura F. Palazzi N/K/A Laura Reyes, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that by he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(SEAL)

Brianna DiFranco
Signature



Note to Notary: Please keep seal out of the 3/4 inch margin on all sides and do not place it over print of the document. ONLY BLACK, NO BLUE INK MAY BE USED FOR SIGNATURES OR STAMPS

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3 200337 008172

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) Nicetta		2. MIDDLE -	3. LAST (Family) Palazzi
4. DATE OF BIRTH mm/dd/yyyy 08/22/1926		5. AGE Yrs. 76	6. SEX F
9. BIRTH STATE/FOREIGN COUNTRY Italy		10. SOCIAL SECURITY NUMBER -6347	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK
12. MARITAL STATUS (at Time of Death) Divorced		7. DATE OF DEATH mm/dd/yyyy 05/18/2003	8. HOUR (24 Hours) 1240
13. EDUCATION - Highest Level/Degree (see worksheet on back) Bachelor's		14/15. WAS DECEDENT SPANISH/SPANIC/LATINO? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) White
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED Registered Nurse		18. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) Medical Office	19. YEARS IN OCCUPATION 20
20. DECEDENT'S RESIDENCE (Street and number or location) 105 Avenida Presidio #106			
21. CITY San Clemente		22. COUNTY/PROVINCE Orange	23. ZIP CODE 92672
24. YEARS IN COUNTY 34		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP Laura F. Reyes, Daughter		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 2735 Mary Ln. Escondido, CA 92025	
28. NAME OF SURVIVING SPOUSE - FIRST -		29. MIDDLE -	30. LAST (Maiden Name) -
31. NAME OF FATHER - FIRST Gualtiero		32. MIDDLE -	33. LAST Arrigoni
34. BIRTH STATE Italy		35. NAME OF MOTHER - FIRST Clorinda	
36. MIDDLE -		37. LAST (Maiden) Maffioli	38. BIRTH STATE Italy
39. DISPOSITION DATE mm/dd/yyyy 05/23/2003		40. PLACE OF FINAL DISPOSITION RES:Laura F. Reyes 2735 Mary Ln. Escondido, CA 92025	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED	43. LICENSE NUMBER -
44. NAME OF FUNERAL ESTABLISHMENT Lesneski Mortuary, Inc.		45. LICENSE NUMBER FD-292	46. SIGNATURE OF LOCAL REGISTRAR <i>Nancy L Bowen MD</i>
47. DATE mm/dd/yyyy 05/20/2003			
101. PLACE OF DEATH Residence		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA	103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ETC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other
104. COUNTY San Diego		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 2735 Mary Ln.	106. CITY Escondido
107. CAUSE OF DEATH Enter the chain of events - illness, injury, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) (Final disease or condition resulting in death) Bronchopneumonia Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST Terminal Lung CA-Bronchioloalveolar Type		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 5-376	109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 TB as Child, Glaucoma, Osteoarthritis
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) No		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
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 (A) mm/dd/yyyy 11/18/2002 Decedent Last Seen Alive (B) mm/dd/yyyy 02/21/2003		115. SIGNATURE AND TITLE OF CERTIFIER <i>Michael A. Harris MD</i>	116. LICENSE NUMBER G47100
117. DATE mm/dd/yyyy 05/19/2003		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Michael A. Harris M.D. 27800 Medical Center Rd. #310 Mission Viejo, CA 92691	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	121. INJURY DATE mm/dd/yyyy
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) -		122. HOUR (24 Hours)	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
125. SIGNATURE OF CORONER / DEPUTY CORONER <i>Nancy L Bowen MD</i>		126. DATE mm/dd/yyyy	127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER Nancy L Bowen MD
STATE		A	B
C		D	E
FAX AUTH. # 2308520		CENSUS TRACT	

* A 01091033 *

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: June 2, 2003

Nancy L Bowen MD
NANCY L. BOWEN, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

