After recordation, return Affidavit of Death of Joint Tenant and mail future property tax statements to:

Michael G. Fogliani P.O. Box 480 Pioche, Nevada 89043

APN: 1-051-03

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)) ss.
COUNTY OF LINCOLN)

Timothy Fogliani and Michael G. Fogliani do hereby swear under penalty of perjury that the assertions of this affidavit are true, and declare the following:

- Irene Fogliani died in Pioche, Lincoln County, Nevada, on September 2, 2002.
- 2. Irene Fogliani was the mother of Michael G. Fogliani and Timothy K. Fogliani.
- 3. Originally, George Fogliani, Irene Fogliani, Michael G. Fogliani, and Timothy K. Fogliani, held title as joint tenants with rights of survivorship to the parcel of real property situated in Pioche, Lincoln County, Nevada (described below), pursuant to a Gift Deed recorded as Document No. 108717 of the Official Records of Lincoln County, Nevada. George Fogliani died in the City of Caliente, County of Lincoln, State of Nevada on November 7, 1997. Thereafter, Irene Fogliani, Michael G. Fogliani, and Timothy K. Fogliani, held title as joint tenants with rights of survivorship to a parcel of real property situated in Pioche, Lincoln County, Nevada, pursuant to an Affidavit of Death of Joint Tenant recorded as Document No. 110 181 of the Official Records of Lincoln County, Nevada. The real property is more particularly described as follows:

All of Lot numbered six (6) in Block numbered Thirty-eight (38) having a width of thirty (30) feet both front and rear; also all of Lot numbered Seven (7) in Block numbered Thirty-eight (38) having a width of thirty (30) feet both front and rear, also all of Lot numbered Eight (8) in Block numbered Thirty-eight (38) having a width of twenty-eight (28) feet in the front and having a width of fifteen and 35/100 (15.35') feet in the rear, all of said Lots fronting on Highland Road and having a depth of One Hundred Ten (110) feet, together with any and all improvements thereon consisting of a four-room dwelling house with bath and partial basement and attached garage, as said Lots and Block are delineated and described on the official map of said Town of Pioche now on file and of record in the Office of the County Recorder of said County of Lincoln, State of Nevada, to which said map and the records thereof reference is hereby made for a more full and complete description thereof.

4. At the time of death of Irene Fogliani, title to the real property described in paragraph 3. above, continued to be held by Irene Fogliani, Michael G. Fogliani, and Timothy K. Fogliani as joint tenants with rights of survivorship.

geor 167 pace 512

5. As a result of the death of Irene Fogliani and the joint tenancy form of title, the real property described in paragraph 3. above is now owned by Michael G. Fogliani and Timothy K. Fogliani as joint tenants with rights of survivorship. Dated this 3th day of octo350 , 2002. Michael G. Fogliani Timothy & STATE OF NEVADA (F)
COUNTY OF WASHINGEN () This Affidavit of Death of Joint Tenant was subscribed and sworn to before me on Michael G. Fogliani. **BRANDI LEWIS** KOTARY PUBLIC STATE OF NEWADA

Lincoln County - Newada

CERTIFICATE # 95-2166-11

APPT. EXP. MAR. 6, 2006 STATE OF NEVADA IF) COUNTY OF TABLES This Affidavit of Death of Joint Tenant was subscribed and sworm to before me on Timothy K. Fogliani. **BRANDI LEWIS** NOTARY PUBLIC • STATE & MEVADA Lincoln Courty • Nevada CERTIFICATE # 95-2166-11 APRT, EXP. UAR, 6, 2006

uca 167 met 513

TO A	i A A A A	EST	AVINDA(O)	PAIDAY	ADA		
	DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS						
			N OF HEALTH —	-100	HUMAN RESOURCES VITAL STATISTICS ATH	-	_
1	LOCAL FILE NUMBER	1	/	//		STATE FILE NU	MBER
TYPE OR PRINT	DECEASED_NAME First	Migrae	7 7	Last	DATE OF DEATH (Month, Day, Ya		OF DEATH
IN PERMANENT	1. Anna	Irene	FOGLI		² September 28,	2002 3a Lin	
BLACK INK	CITY, TOWN OR LOCATION OF DE	ATH HOSPITAL OR C	OTHER INSTITUTION - Nam	ne (# not earner, gave pro	set and number) If Hosp, or Inst Rm. Inpasent (Indicate DOA, OP/Errer. Specify)	SEX
DECEDENT	≇ Pioche	≥ #2 H	ighland St.	I HEE /	3e. UNDER I YEAR LIND	ER 1 DAY DATE OF BIRTH	· Female
	PLACE—(e.g., White, Black, American Indian, etc.) (Specify)		ic Origin? Specify □ yes ∰ Pueno Rican, etc.		ears) MOS DAYS HOU	IS ; MINS	
	5 White STATE OF BIRTH	B. CITIZEN OF WHAT O	OUN- Decedent's Educ	alion. Spacety highest	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	: June 4 SURVIVING SPOUSE (R	y 1919 We, ove maider name
F DEATH DCCURRED IN MST.T./MON	(If not U.S.A., name country)	TRY	grade completed		(Conserve)	12.	
SZE HANDSOOK I	Nevada SOCIAL SECURITY NUMBER	USUAL DECUPATION	N (Gree Kind of Work Done	Dunny Most of	KIND OF BUSINESS OR HOUS		
PESARONS COMPLETON OF RESIDENCE ITEMS	18	Working Life, Even #		7/4	146. Own Home		
NESUBAL III		COUNTY	CRY, YOMAN, SPI	LCOATION	STREET AND MUNGE!		CITY LIMITS Yes or No.)
└> {	154 Nevada	5 Lincoln	15c Pioch	e	154#2 Highl		Yes
******	FATHER-NAME FIRE	Middle	Leet	MOTHER MAJOR	EN NAME First	Mickle	Lassi
PARENTS	16 Edward		Donohue	17.	Sarah		itchell_
	SHFORMANT—HAME (Type or Print)		MAILING A	DORESS	(Street or R.F.D. No., City or	744	
_	180 Timothy K. Fo	gliani	15-218 IETERY OR CREMATORY	5 Canyon M	esa Ct. Ren	O. NV 89523	State
DISPOSITION				\ \	\ \	/	
	Parial Signature Signature	196.	St. Laurenc ERAL DIRECTOR NAME ENSE NUMBER	e Cemetery AND ADDRESS OF FA		che, Nevada	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Aging as Sign)	(Funeral Home	, Inc.
	21s. Vo the best of my innoversions, death occurried of the three, dates and place and 21s. Vo the best of my innoversions, death occurried of the three, dates and place and 22s. On the best of my innoversions and on years, in my operand death occurried.						
~	due-to the cliuse(s) states	a. h			gt the time, date and place and (Signature and Title)	due to the cause(s) and mann	in artified
	差 DATE SIGNED (No. Day		OF DEATH	1 6	DATE SIGNED (Mg., Ony. Yr.)	HOUR OF DEATH	
January 1997	δΣ 21b 10-01-02						
भे दश (शियः)	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 216. 216.						
-	216. 22d. ON 22e. AT NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Piral.) LICENSE NUMBER						
		74	400	- A		<u> </u>	
	REGISTRAR Farhana	Kamal M.D.:	P.O. Box 10	UIU Calle TE RECEIVED BY REG	nte. Nevada 890) Istran (Mo., Day, Y.) Death Du	08 230 790 E TO COMMUNICABLE DISEA	<u> </u>
CONDITIONS IF ANY WHICH GAVE	24s. (Signature)	11 4 1	200	- APT		st woth	
IMMEDIATE -		ER ONLY ONE CAUSE PER L	INE FOR (M), (D), AND (C).)	10-01-02		<u></u>	n onset end death
STATING THE	PART (m) Cardiop	ulmonary Arre	st			Minute	s
UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF:						neet and death
	m Advanced Ovarian Cancer						
	DUE TO, OR AS A C	ONSEQUENCE OF:				interval detween	r onwer and death
CAUSE OF	(c)				use given in Part 1. AUTOPSY	/Sound Wat have the	EBBED TO
DEATH						(Specify WAS CASE REF Yes or No) CORONER (Specific	caty Yee or Maj
ł	Chronic ACC SUICIDE HOW UNDET OR PENDING INVEST.	Obstructive DATE OF PLUSTY (MG, Cay, Yr.)	Pulmonary D:	1 sease T DESCRIBE HOW IN.	URY OCCURRED	77. Yes	
1	(Specify)		28c h	4 29d			
1	NUMBY AT WORK	PLACE OF INJURY—At home.	farm, street, factory, plice	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN S	TATE
₩	(Specify Yes or No.) 28e S	building, et	c. (Specify)	289.			
The same of the sa	b belief	/	***************************************			N- 1771	20
No.177							
	This is to certify that the above is a true and correct copy of the certificate on file in this office.						77.0
ALC: ALC: ALC: ALC: ALC: ALC: ALC: ALC:							
							2
(· • • • • • • • • • • • • • • • • • • •	Date Issued:	OCT 1 D 20	IJΖ	*Sec.	State Registrer	
THE E	ど言語に対しい		/ NICATAL	∕_\	CENTRE OF THE PERSON		ভালত বি

