

38302

When recorded mail to:
James M. Pye
1024 Camellia Drive
Alameda, California 94501

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF NEVADA)
)
COUNTY OF DOUGLAS)

JAMES M. PYE being first duly sworn, deposes and says:

That Affiant is the surviving spouse of MARY PYE
and that the Affiant and the said MARY PYE, deceased
are the Grantees in Joint Tenancy under that certain Joint Tenancy Deed
dated the 1st day of October, 1973 under the terms of which
ESTHER L. SILVA, a widow
was Seller, to JAMES M. PYE and MARY PYE
husband and wife, as Joint Tenants, upon the terms, covenants, and
provisions as set forth therein, said document recorded October 15,
19 73 in Book 1073 Page 701 being Document No. 69418
of the Official Records in DOUGLAS County, Nevada, affecting all that
certain piece or parcel of land, situate in the County of Douglas, State
of Nevada.

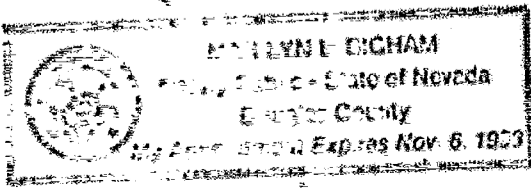
Lot 14, Block A, as shown on the Map of Kingsbury Meadows
Subdivision filed in the Office of the County Recorder of
Douglas County, State of Nevada, on July 5, 1955, Document
No. 10542. AP#7-203-13

That the said Mary Pye one of the Grantees on
the Joint Tenancy Deed, died on the 20th day of October
19 82 in Alameda, Alameda County, CALIF. and is the identical person
named in the Certificate of Death. That all interest in and to said real
attached hereto as Exhibit "A".
property hereinabove described, vested absolutely in Affiant as of the
date of decedent's death.

SUBSCRIBED AND SWORN TO BEFORE
me this 8th day of March
19 83

James M. Pye
JAMES M. PYE

William J. Johnson
NOTARY PUBLIC



5822

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

6097

06820

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	1C. LAST
MARY		B.	PYE
2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR	
OCT. 20, 1982		0945	
3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH
FEMALE	WHITE	AMERICAN	Dec. 6, 1938
7. AGE	IF UNDER 1 YEAR MONTH	IF UNDER 24 HOURS HOUR	IF UNDER 24 HOURS MINUTES
43 YEARS			
8. BIRTHPLACE OF DECEDENT - STATE OR FOREIGN COUNTRY		9. NAME AND BIRTHPLACE OF FATHER	
CALIF.		Alex Bouharin California	
10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. CITIZEN OF WHAT COUNTRY	
Frances Bellina CA.		USA	
12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
-5610		married	
14. NAME OF SURVIVING SPOUSE (IF WIFE ENTER BIRTH NAME)		15. PRIMARY OCCUPATION	
James M. Pye		Secty.	
16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYED (IF SELF EMPLOYED, SO STATE)	
15 yrs.		Laziere School	
18. KIND OF INDUSTRY OR BUSINESS		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
clerical		1024 Camellia Drive	
19B.		19C. CITY OR TOWN	
		Alameda	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21A. PLACE OF DEATH	
James M. Pye - husband		MERRITT HOSPITAL	
1024 Camellia Drive		21B. COUNTY	
Alameda, Ca.		ALAMEDA	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
Hawthorne & Webster Sts.		OAKLAND	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE		24. WAS DEATH REFERRED TO CORONER?	
(A) <i>1200 ft. tall lamp, cancer</i>		Y	
DUE TO OR AS A CONSEQUENCE OF		25. WAS DISNEY PERFORMED?	
(B)		Y	
DUE TO OR AS A CONSEQUENCE OF		26. WAS DISNEY PERFORMED?	
(C)		Y	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23	
		TYPE OF OPERATION DATE	
		NO	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	
I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER NO. DA. YR.)		<i>Larry Strieff M.D.</i>	
9/28/82 10/19/82		28C. DATE SIGNED	
		10-21-82	
28D. PHYSICIAN'S LICENSE NUMBER		28E. TYPE PHYSICIAN'S NAME AND ADDRESS	
031515		Dr. Larry Strieff 3043 Summit Oakland, Ca.	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	
31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
32B. HOUR		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED AS RECEIVED BY LAW I HAVE HELD AN INQUEST INVESTIGATION	
		35B. CORONER—SIGNATURE AND DEGREE OR TITLE	
		35C. DATE SIGNED	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR	
BURIAL		10--22-82	
38. NAME AND ADDRESS OF CEMETERY OR CREMATOR		39. EMBLIMER'S LICENSE NUMBER AND SIGNATURE	
26320 Mission HOLY SEPULCHRE CEMETERY Hayward, Ca.		5305 <i>Ron T. Jones</i>	
40. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		41. LOCAL REGISTRAR—SIGNATURE	
CHARLES P. BANNON INC. 247		<i>Carl L. Smith</i>	
42. DATE ACCEPTED BY LOCAL REGISTRAR		43.	
OCT 21 1982		633	
STATE REGISTRAR	A.	B.	C.

SEAL

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA

CARL L. SMITH, M.D., LOCAL REGISTRAR

BY *Carl L. Smith*

DATE NOV 4 1982

REQUESTED BY
DOUGLAS COUNTY TITLE
INSPECTOR
500
1983 MAR 15 PM 1:23

SUZANNE ELAUGREAU
RECORDER

077235

Carol L. Smith
LIBER 383 PAGE 1405