

When recorded mail to:

Mrs. Thomas F. Shea

2444 Thomas Drive

Santa Rosa, CA

95404

AFFIDAVIT BY SURVIVING JOINT TENANT

1 STATE OF NEVADA )  
2 )ss  
3 COUNTY OF DOUGLAS )

4 NANCY B. SHEA being first duly sworn, de-  
5 poses and says:

6 That Affiant is the surviving spouse of THOMAS F. SHEA  
7 \_\_\_\_\_ and that the Affiant and the said THOMAS F. SHEA  
8 \_\_\_\_\_, deceased are the Grantees in Joint Tenancy under  
9 that certain Joint Tenancy Deed dated the 10th day of March, 1964  
10 under the terms of which CHARLES W. KINSEY and EUNICE KINSEY,  
11 husband and wife

12 was Seller, to THOMAS F. SHEA and NANCY B. SHEA  
13 husband and wife, as Joint Tenants, upon the terms, covenants, and pro-  
14 visions as set forth therein, said document recorded April 2,  
15 19 64 in Book 23, Page 156 being Document No. 24772,  
16 of the Official Records in Douglas County, Nevada, affecting all  
17 that certain piece or parcel of land, situate in the County of Douglas,  
18 State of Nevada.

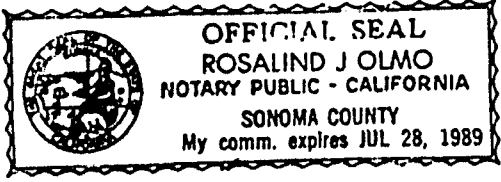
19 Lot 5 as shown on the map of LAKERIDGE ESTATES NO. 1, filed in the  
20 office of the County Recorder of Douglas County, Nevada, on February 23,  
21 1959. Assessment Parcel No. 03-180-05.

22 That the said THOMAS F. SHEA one of the Grantees  
23 on the Joint Tenancy Deed, died on the 9th day of November  
24 19 84 in Santa Rosa California and is the identical per-  
25 son named in the Certificate of Death. That all interest in and to said  
26 real property hereinabove described, vested absolutely in Affiant as of  
27 the date of decedent's death.

28 Nancy B Shea  
29 NANCY B. SHEA

30 SUBSCRIBED AND SWORN TO BEFORE ME,  
31 this 2nd day of September,  
32 19 86.

Rosalind J. Olmo  
Notary Public



**CERTIFICATE OF DEATH**

4900-2410

STATE FILE NUMBER			STATE OF CALIFORNIA			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST <b>Thomas</b>		1B. MIDDLE <b>Franklin</b>		1C. LAST <b>Shea</b>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <b>Nov. 9, 1984</b>		2B. HOUR <b>0008</b>	
3. SEX <b>Male</b>	4. RACE/ETHNICITY <b>Cauc.</b>	5. SPANISH/HISPANIC NO. <input checked="" type="checkbox"/>	6. DATE OF BIRTH <b>Dec. 12, 1916</b>			7. AGE <b>67</b> YEARS	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS DAYS HOURS MINUTES	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>California</b>		9. NAME AND BIRTHPLACE OF FATHER <b>Thomas F. Shea - Idaho</b>				10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>Marie Melleky - Germany</b>			
11. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		12. SOCIAL SECURITY NUMBER <b>[REDACTED]-5600</b>		13. MARITAL STATUS <b>Married</b>		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) <b>Nancy Bowhay</b>			
15. PRIMARY OCCUPATION <b>Military</b>		16. NUMBER OF YEARS THIS OCCUPATION <b>20</b>	17. EMPLOYER OF SELF-EMPLOYED, SO STATE <b>U.S. Government</b>			18. KIND OF INDUSTRY OR BUSINESS <b>Air Force</b>			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>2444 Thomas Drive</b>			19B.			19C. CITY OR TOWN <b>Santa Rosa</b>			
19D. COUNTY <b>Sonoma</b>			19E. STATE <b>California</b>		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Nancy Shea, Wife 2444 Thomas Drivr Santa Rosa, Calif. 95401</b>				
21A. PLACE OF DEATH <b>Community Hospital</b>		21B. COUNTY <b>Sonoma</b>		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>3325 Chanate Road</b>				21D. CITY OR TOWN <b>Santa Rosa</b>	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER? <b>No</b>		
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.							25. WAS BIOPSY PERFORMED? <b>No</b>		
(A) <i>Cardiopulmonary arrest</i> ◀ <b>3 min</b> DUE TO, OR AS A CONSEQUENCE OF (B) <i>Cerebrovascular accident</i> ◀ <b>1 1/2 hrs</b> DUE TO, OR AS A CONSEQUENCE OF (C) <i>Bacterial endocarditis + staph sepsis</i> ◀ <b>2 wks</b>							26. WAS AUTOPSY PERFORMED? <b>No</b>		
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A <i>Hypertension, COPD, nervous</i>						27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION <b>No</b>			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>Robert Heckey, M.D.</i>		28C. DATE SIGNED <b>11/9/84</b>		28D. PHYSICIAN'S LICENSE NUMBER <b>530787</b>		28E. TYPE PHYSICIAN'S NAME AND ADDRESS <b>1154 Montgomery Drive Santa Rosa, Calif.</b>	
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) <b>6/6/78</b>		I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) <b>11/8/84</b>		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 CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVIGATION)				35B. CORONER—SIGNATURE AND DEGREE OR TITLE				35C. DATE SIGNED	
36. DISPOSITION <b>Cremation</b>		37. DATE—MONTH, DAY, YEAR <b>Nov. 12, 1984</b>		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>Santa Rosa Memorial Park Santa Rosa, Ca.</b>		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE <i>Jenna Rassi</i> <b>6588</b>			
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Eggen &amp; Lance Mortuary</b>		40B. LICENSE NO. <b>240</b>		41. LOCAL REGISTRAR—SIGNATURE <i>R.L. Holtzer</i>		42. DATE ACCEPTED BY LOCAL REGISTRAR <b>NOV 09 1984</b>			
STATE REGISTRAR	A.	B.	C.	D.	E.	F.			

**CERTIFICATION** This is to certify, that the foregoing is a true and correct copy of the Vital Record which is on file in this office and of which I am legal custodian.

**SIGNATURE:** *R.L. Holtzer MD* **OFFICIAL TITLE:** Public Health Officer and Local Registrar

**PLACE:** Sonoma County Public Health Service Santa Rosa, California **DATE OF CERTIFICATION** NOV 13 1984

**140469**  
BOOK 986 PAGE 672

COPY

REQUESTED BY  
**DOUGLAS COUNTY TITLE**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'86 SEP -5 P12:39

SUZANNE BEAUDREAU  
RECORDER

\$ 7- PAID *M* DEPUTY

**140469**

BOOK **986** PAGE **673**