

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME CHISHOLM
STREET ADDRESS P.O. Box 1005
CITY, STATE, ZIP Shady Cove, Oregon 97539

Order No. Escrow No. 43915 MCA

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit--Death of Joint Tenant

STATE OF NEVADA
County of DOUGLAS } ss.

ANNA MAY CHISHOLM, of legal age, being first duly sworn, deposes and says:
That the decedent mentioned in the attached certified copy of
Certificate of Death, is the same person as JAMES M. CHISHOLM
named as one of the parties in that certain AGREEMENT dated April 16, 1968,
executed by TOPAZ RANCH ESTATES
to JAMES W. CHISHOLM AND ANNA MAY CHISHOLM, husband and wife,
as joint tenants, recorded as Instrument No. 40702, on April 19, 1968, in
book 58, page 512, of Official Records of Douglas
County, Nevada, covering the following described property situated in the
County of Douglas, State of Nevada:

Lot 173, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 2, filed in the
office of the County Recorder of Douglas County, Nevada, on February 20, 1967,
in book 47, Page 761, as Document No. 35464.

A.P.N. 37-254-09

Dated August 11, 1988

Anna May Chisholm
ANNA MAY CHISHOLM

SUBSCRIBED AND SWORN TO before me, the
undersigned, a Notary Public in and for said County
and State, this 16th day
of August 1988

Anna May Chisholm

Notary Public in and for said County and State
DOROTHY M. BORDNER
NOTARY PUBLIC - OREGON
MY COMMISSION EXPIRES 12-18-89

190707

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(This area for official notarial seal)

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

45007 01432
E 151 PAGE 664

Carol M. Hansen
Deputy Registrar of Vital Statistics, Santa Clara County Health Department
San Jose, California 95128

Blanca M. Hernandez
Local Registrar of Vital Statistics, Santa Clara County Health Department
San Jose, California 95128

Certified as a true copy of the official Document filed in this office June 12, 1978
Certification Fee \$3.00

| | | | | | | | | | | | |
|--|---------|-------------------------------------|---|---|---|--|--|--------------------------------------|-------------------|---------------------------------|--|
| STATE FILE NUMBER | | 1A. NAME OF DECEDENT—FIRST | | 1B. MIDDLE | 1C. LAST | 2A. DATE OF DEATH (MONTH, DAY, YEAR) | | 2B. TIME | | | |
| | | James | | Wesley | Chisholm | March 9, 1978 | | 0900 | | | |
| 3. SEX | 4. RACE | 5. ETHNICITY | | 6. DATE OF BIRTH | | 7. AGE | IF UNDER 1 YEAR | | IF UNDER 24 HOURS | | |
| Male | White | American | | July 29, 1914 | | 63 | YEARS | MONTHS | DAYS | | |
| 8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) | | 9. NAME AND BIRTHPLACE OF FATHER | | | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER | | | | | | |
| Idaho | | Walter A. Chisholm Unk. | | | Ruth Huey -- Unk. | | | | | | |
| 11. CITIZEN OF WHAT COUNTRY | | 12. SOCIAL SECURITY NUMBER | | 13. MARITAL STATUS | | 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) | | | | | |
| U.S.A. | | -9517 | | Married | | Anna May Epley | | | | | |
| 15. PRIMARY OCCUPATION | | 16. NUMBER OF YEARS THIS OCCUPATION | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) | | 18. KIND OF INDUSTRY OR BUSINESS | | | | | | |
| Shoe Repair | | 30 | Self | | Shoe Repaire | | | | | | |
| 19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) | | | | | 19B. | | 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP | | | | |
| 7625 W Hill Lane | | | | | 5119-02 | | Anna May Chisholm | | | | |
| 19C. CITY OR TOWN | | | 19D. COUNTY | | 19E. STATE | | 7625 W.Hill Lane | | | | |
| San Jose | | | Santa Clara | | Calif. | | San Jose, Calif. | | | | |
| 21A. PLACE OF DEATH | | | | | 21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION) | | | | | | |
| Home | | | | | 7625 W.Hill Lane | | | | | | |
| 21C. CITY OR TOWN | | | | | 21D. COUNTY | | | | | | |
| San Jose | | | | | Santa Clara | | | | | | |
| 22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) | | | | | | | | | | | |
| IMMEDIATE CAUSE | | | | | | | | | | | |
| (A) <i>acute myocardial infarction</i> | | | | | | | | | | | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST | | | | | | | | | | | |
| (B) <i>arteriosclerotic heart disease</i> | | | | | | | | | | | |
| (C) <i>and hypertension</i> | | | | | | | | | | | |
| 23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH | | | | | | | | | | | |
| <i>Complete occlusion of the R. carotid artery</i> | | | | | | | | | | | |
| 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? OPERATION | | | | | | | | | | | |
| NO | | | | | | | | | | | |
| 28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. | | | | 28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE | | | | 28C. DATE SIGNED | | 28D. PHYSICIAN'S LICENSE NUMBER | |
| I ATTENDED DECEDENT SINCE (ENTER NO. DA. YR.) | | | | LAST SAW DECEDENT ALIVE (ENTER NO. DA. YR.) | | | | 10 Mar. 78 | | A-19526 | |
| 11-26-1969 | | | | 9-3-1978 | | | | Dr. S.C. Sziebert, Blauer Dr. | | Saratoga, Calif. 95070 | |
| 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 (EXCEPTS 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- INVESTIGATION) | | | | | 35B. CORONER—SIGNATURE AND DEGREE OR TITLE | | | 35C. DATE SIGNED | | | |
| | | | | | SEAL | | | | | | |
| 36. DISPOSITION | | 37. DATE—MONTH, DAY, YEAR | | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY | | | 39. ANATOMY'S LICENSE NUMBER | | | | |
| Burial | | 3/13/78 | | Madronie Cemetery, Oak St., Saratoga, Ca. | | | 1667 | | | | |
| 40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) | | | | 41. LOCAL HEALTH OFFICER—SIGNATURE | | | 42. DATE ACCEPTED BY LOCAL REGISTRAR | | | | |
| Saratoga-Cupertino Funeral H. | | | | <i>Blanca M. Hernandez</i> | | | MAR 10 1978 | | | | |
| A. | B. | C. | D. | E. | F. | | | | | | |

REQUESTED BY
WESTERN TITLE COMPANY, INC.

IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

'88 NOV 15 P3:49

SUZANNE BEAUDREAU
RECORDER

190707

\$6.00 PAID *PK* DEPUTY

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