When Recorded Mail To:

Mr. and Mrs. Jack Gorham 946 Tillman Lane Gardnerville, Nevada 89410

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)	
	:	SS
COUNTY OF DOUGLAS)	

JACK EDWARD GORHAM and IRENE MARIE GORHAM, being first duly sworn, depose and says:

That they are over the age of 21 years and competent to be witnesses to the matters hereinafter set forth.

That the affiants are the persons named as JACK EDWARD GORHAM and IRENE MARIE GORHAM, joint tenants, two of the three grantees on that certain Joint Tenancy Deed recorded in the Office of the County Recorder of Douglas County, State of Nevada, on the 3rd day of February, 1981, in Book 281, Page 170, wherein JACK EDWARD GORHAM, IRENE MARIE GORHAM and KATHRYN R. DWYER, as joint tenants, were named as grantees to all that real property described as follows:

Lot 1, in Block A, as said Lot and Block are shown on the Amended Map of Ranchos Estates, filed in the office of the County Recorder of Douglas County, Nevada, on October 30, 1972, as Document No. 62493.

A.P.N. 27-641-24

That KATHRYN R. DWYER was one of the grantees named in said Joint Tenancy Deed and was the identical person named as KATHRYN ROSE DWYER, the decedent, in that Death Certificate, a certified copy of which is annexed hereto as "Exhibit A" and made a part

JAMES M. O'REILLY ATTORNEY AT LAW

(702) 782-3647

PO BOX 1268 ARDNERVILLE, NV 89410 hereof, as if set forth in full, verbatim.

That said decedent died on the 3rd day of November, 1988.

That your affiants make this affidavit under penalty of perjury in accordance with the laws of the State of Nevada.

IRENE MARIE

SUBSCRIBED AND SWORN to before me

day of December, 1988.



ANNICKE E. COLLINS Notary Public - State of Nevada Appointment Recorded In Douglas County MY APPOINTMENT EXPIRES SEPT 30, 1992



DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS



STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

		į	CERTIFICATE OF	DEATH	<u> </u>	
•	LOCAL FILE NUMBER	•			STATE FILE NUMBER	
TYPE OR PRINT	DECEASED-NAME First	Middle	Lest	DATE OF DEATH (Month, Day, Year)		
IN PERMANENT BLACK INK	1. Kathryn	Rose	DWYER	² November 3, 198		
		j	NSTITUTION—Name (If not either, give	(Specify Yes or No)	Rm. Inpatient (Specify)	
DECEDENT	RACE—(e.g., White, Black, Americal Indian, etc) (Specify)	3c. Cottonwo	od Care Center	34. Yes		
	4 White	4b. American	Birthday (Years) MOS DA	YS HOURS . MINS	r 13,1897 7 Female	
IF DEATH OCCURRED IN	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTR	MOOWED DIVORCED		give maden name) WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) NO	
INSTITUTION SEE HAMOBOOK REGARDING	8 Illinois SOCIAL SECURITY NUMBER	9. U.S.A.	(Specify) Widowe	1 11.	YSpecify Yes or No.) No.	
COMPLETION OF RESIDENCE ITEMS	Working Life, Even if Retired)					
1.		YTNUC	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
~ >		b. Douglas	ı∞ Gardnerville	15d 964 Tillm	an 156. Yes	
PARENTS	FATHER—NAME First	Middle		AIDEN NAME First	Middle Last	
	16. Christopher	51	MAILING ADDRESS	Kate (Street or R.F.D. No., City or To	O'Malley	
	183 Irene Gorham		18b. 946 Tillma	an, Gardnerville, N	evada 89410	
(BURIAL CREMATION, REMOVAL, O		OR CREMATORY—NAME	LOCATION	City or Town State	
DISPOSITION	19a Removal-Burial	Amon Amon or Surby NAME AND	een of Heaven	19c. Hills	ide, Illinois	
				n's Chapel of the V		
	20a. Wille W.	199; dealth becurred at the tyme dat	and place and	t, Carson City, Nev	ada 09700 Ir investigation, in my opinion death occurred	
ſ	due to the cause(s) stated.					
	DATE SIGNED (Mo. Day.		H B	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	
	5 216 11-4-88 Z	210	730 R (Type or Print)	g 22b.	22c.	
CERTIFIER	NAME OF ATTENDING PH	YSICIAN IF OTHER THAN CERTIFIE	R (Type or Print)	PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)	
	ਹੋਂ _{21d.}		/ /	22d. ON	22e. AT	
			EXAMINER OR CORONER) (Type or Pri	**************************************		
•	23. David Joh	nson M.D., 1532	Hwy. 395, Gardne	erville, Nevada 894	COMMUNICARI E DISEASE	
CONDITIONS						
IF ANY WHICH GAVE RISE TO IMMEDIATE	25. IMMEDIATE CAUSE (IENTE	RONLY ONE CAUSE PER LINE FOR	240. MATH	<u>C</u> 7, 106 24. 1850	NO20	
STATING THE	PART (a) Cardiac	Failure	/ /			
UNDERLYING CAUSE LAST	PART (a) Cardiac OUE TO, OR AS A CON	SEQUENCE OF:			Interval between onset and death	
4	b) Septicem Due to, OR AS A CON	ia	//_		. Interval between onset and death	
_/	/ (
CAUSE OF DEATH	OTHER SIGNIFICANT CONC		death but not related to cause given i	n PART 1 (a) AUTOPSY	SANTIVIAS CASE REFERRED TO	
DEALL	PART PART					
\ \	ACC_SUICIDE. HOM_UNDET. DA' OR PENDING INVEST. (Specify)	TE OF INJURY (Ma, Day, Yr.) HOU	OF INJURY DESCRIBE HOW	INJURY OCCURRED		
\	28a 28b	28c. ACE OF INJURY—At home, farm, st	M 28d.	STREET OH R.F.D. No.	CTTY OR TOWN STATE	
\	(Specify Yes or No)	building, etc. (Spec			Jinig	
1	28	n. / /		SEAL	NOCCCE	
1		/ /		,	Nº80695	
	1		VITAL PECOPOS	1 1		



This is to certify that the above is a true and correc of the certificate on file in this office.

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

