

AFFIDAVIT—DEATH OF A JOINT TENANT

STATE OF NEVADA.

County of Washoe

ss.

Phyllis E. Kane, of legal age, being duly sworn, deposes and says
That Michael Kane, the decedent mentioned in the attached certified
copy of the Certificate of Death, is the same person as Michael Kane
named as one of the parties in that certain assignment of Deed of Trust dated July 6, 1971
executed by Cruz Gonzales
to Michael Kane and Phyllis E. Kane, his wife,
as joint tenants, recorded as Instrument No. 53525, on July 16, 1971, in
Book 89, Page 46, of Official Records of Douglas
County, Nevada, covering the following described property situated in the _____
County of Douglas, State of Nevada.

As described in that certain Deed of Trust recorded in the office of the
Douglas County Recorder in Book 27, Page 198, as Document No. 26281.

Dated 1-6-89

Phyllis E. Kane
Phyllis E. Kane

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ day of

6th

_____ day of

January, 1989.

Patricia A. Aguilar
Notary Public in and for said State



NOTARY PUBLIC
STATE OF NEVADA
COUNTY OF WASHOE
PATRICIA A. AGUILAR
MY APPOINTMENT EXPIRES MAY 11, 1992

Title Order No. _____

Escrow or Loan No. DO-15006-DM

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name
Street
Address
City &
State

NNTC title file

194939

BOOK 189 PAGE 2906

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

ROLL 53 IMAGE 554

LOCAL FILE NUMBER

30

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED — NAME 1 Michael KANE			DATE OF DEATH (Month, Day, Year) 2 January 9, 1983		COUNTY OF DEATH 3a Washoe
	CITY, TOWN, OR LOCATION OF DEATH 3b Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c 190 Hunter Lake Drive		INSIDE CITY LIMITS (Specify Yes or No) 3d Yes	If Hosp or Inst indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3n
	RACE—(e.g., White, Black, American Indian, etc) (Specify) 4a White	ETHNIC 4b American	AGE—Last Birthday (Years) 5a 71	UNDER 1 YEAR MOS * DAYS 5b	UNDER 1 DAY HOURS * MINS 5c	DATE OF BIRTH (Mo., Day, Yr.) 6 May 18, 1911
STATE OF BIRTH (If not U.S.A., name country) 8 Russia	CITIZEN OF WHAT COUNTRY 9 USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife, give maiden name) 11 Phyllis Tarpley		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 NO
SOCIAL SECURITY NUMBER 13 [REDACTED]-9538	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a Proprietor		KIND OF BUSINESS OR INDUSTRY 14b Jewelry			
RESIDENCE—STATE 15a Nevada	COUNTY 15b Washoe	CITY, TOWN, OR LOCATION 15c Reno		STREET AND NUMBER 15d 190 Hunter Lake Dr.	INSIDE CITY LIMITS (Specify Yes or No) 15e Yes	
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last			
INFORMANT—NAME (Type or Print) 16a Phyllis Kane			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 17b 190 Hunter Lake Drive, Reno, Nevada			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Cremation		CEMETERY OR CREMATORY—NAME 19b Sierra Crematorium		LOCATION City or Town State 19c Reno, Nevada		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a [Signature]		NAME AND ADDRESS OF FACILITY 20b Walton Funeral Home, 875 W. Second St., Reno, Nevada				
To be completed by CERTIFYING PHYSICIAN	21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.)			22a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.)		
	21b		HOUR OF DEATH 21c		22b	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d			PRONOUNCED DEAD (Mo., Day, Yr.) 22d ON January 9, 1983		22c 10:38 a.m.
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23 Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520			PRONOUNCED DEAD (Hour) 22e AT 10:38 a.m.		
REGISTRAR 24a (Signature) [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b January 11, 1983		DEATH DUE TO COMMUNICABLE DISEASE 24c YES [] NO [X]		
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
PART I (a) Parkinson's disease						
DUE TO, OR AS A CONSEQUENCE OF						
(b)						
DUE TO, OR AS A CONSEQUENCE OF						
(c)						
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No) 26 No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27 Yes	
ACT. SURV. OR. FROM UNDET. OR PENDING INVEST. (Specify) 28a	DATE OF INJURY (Mo., Day, Yr.) 28b	HOUR OF INJURY 28c	DESCRIBE HOW INJURY OCCURRED 28d			
INJURY AT WORK (Specify Yes or No) 28e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f	LOCATION 28g	STREET OR R.F.D. No.	CITY OR TOWN	STATE	

194939

No 36844

VITAL RECORDS

BOOK 189 PAGE 2907

FROM THE RECORDS OF THE CLERK OF THE DISTRICT COURT

CHI JAN 13 1983

W. J. ...
DEPUTY CLERK

THIS COPY IS REPRODUCED
PHOTOCOPIED FROM
MICROFILM RECORDS AND
MAY IN TIME CHANGE IN
COLOR OR APPEARANCE

SEAL

REQUESTED BY
Northern Nevada Title Company
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'89 JAN 23 P3:19

SUZANNE BEAUDREAU
RECORDER

\$ 7.00 PAID Bh DEPUTY

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COPY