

WHEN RECORDED RETURN TO:  
Luella Veronica Flaherty  
81 Circulo Rosalia  
Rohnert Park, CA 94929  
ORDER NO. 57713LMT

*m 46244 TDC*

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA     )  
                                  ) ss.  
COUNTY OF WASHOE    )

LUELLA VERONICA FLAHERTY, of legal age, being first duly sworn, disposes and says; That JOHN FRANCIS FLAHERTY, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as JOHN F. FLAHERTY named as one of the parties in that certain Deed, dated September 28, 1987; executed by JOHN FLAHERTY and SHARRIE L. FLAHERTY, husband and wife to JOHN FLAHERTY and SHARRIE L. FLAHERTY, husband and wife, and JOHN F. FLAHERTY and \*\* recorded as Document No. 163390 on September 29, 1987, in Book 987, Page 4781 of Official Records of Douglas County, Nevada, covering the following described property situate in the County of Douglas, State of Nevada.

\*\* LUELLA VERONICA FLAHERTY, husband and wife, ALL AS JOINT TENANTS

Lot 30 in Block R as shown on the map of TOPAZ RANCH ESTATES NO. 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970 in Book 1 of Maps, Page 224, as Document No. 50212.

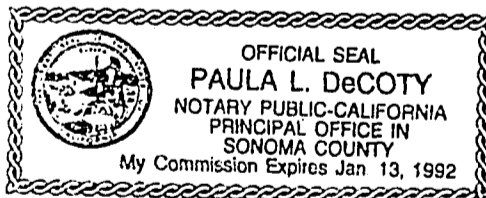
A.P.N. 37-361-04

Dated October 16, 1989

*Luella Veronica Flaherty*  
LUELLA VERONICA FLAHERTY

SUBSCRIBED and SWORN to before me, the undersigned, a Notary Public in and for said State, this 31st day of October, 1989.

*Paula L. DeCoty*  
Notary Public



**CERTIFICATION OF VITAL RECORD**

# COUNTY OF YOLO

## Woodland, California 95695

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
1A. NAME OF DECEDENT—FIRST				1B. MIDDLE		1C. LAST		2A. DATE OF DEATH MONTH, DAY, YEAR   2B. HOUR	
JOHN				FRANCIS		FLAHERTY		MARCH 18, 1988   1335	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/SPANISH NO		6. DATE OF BIRTH		7. AGE	
MALE		WHITE		NO		JULY 13, 1915		72 YEARS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)				9. NAME AND BIRTHPLACE OF FATHER				10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
CALIFORNIA				MICHAEL FLAHERTY/IRELAND				KATHLEEN HALLIGAN - Ireland	
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE OR WIFE, BIRTH NAME	
USA		19 42 TO 19 46		-2790		MARRIED		LUELLA HURLEY	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER OF SELF-EMPLOYED, SO STATE		18. KIND OF INDUSTRY OR BUSINESS			
EXECUTIVE		45 YEARS		SAFeway COMPANY		RETAIL FOOD STORE			
18A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)				18B.		19C. CITY OR TOWN			
6089 DONNA CT.						ROBERT PARK			
19D. COUNTY				19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
SONOMA				CALIFORNIA		LUELLA FLAHERTY (WIFE) 827 SANTA PAULA WAY DAVIS, CALIFORNIA 95616			
21A. PLACE OF DEATH				21B. COUNTY					
HILLHAVEN CONVALESCENT HOSPITAL				YOLO					
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)				21D. CITY OR TOWN					
635 COTTONWOOD STREET				WOODLAND					
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)				23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		24. WAS DEATH REPORTED TO CORONER?	
(A) <i>Pneumonia</i> (B) <i>Cavernoma of lung</i> (C)				None		No		24. No 25. Yes 26. 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 I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) 3/14/88   3/18/88				E. C. Hoppin M.D.		3/18/88		622477	
28E. TYPE PHYSICIAN'S NAME AND ADDRESS				29. PLACE OF INJURY					
E. C. Hoppin M.D., 1207 Fairchild Ct., Woodland, CA									
29. PLACE OF INJURY				30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
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 INQUIRY INVESTIGATION				35B. CORONER—SIGNATURE AND LICENSE OR TITLE		35C. DATE SIGNED			
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMERALD'S LICENSE NUMBER AND SIGNATURE			
BURIAL		MARCH 21, 1988		HOLY CROSS CEMETERY, COLMA, CA.		7583 <i>Ray Bowls</i>			
40A. NAME OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH				40B. LICENSE NO.		40C. LOCAL REGISTRAR—SIGNATURE		40D. DATE ACCEPTED BY LOCAL REGISTRAR	
Duggan's Serra Mortuary				1098		<i>Ray Bowls</i>		MAR 21 1988	
STATE REGISTRAR		A.		B.		C.		D.	
								615	

Y010102

CERTIFIED COPY OF VITAL RECORDS

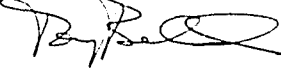
STATE OF CALIFORNIA }  
COUNTY OF YOLO }<sup>SS</sup>

DATE ISSUED November 13, 1984

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Yolo County Recorder.

215113

BOOK 1189 PAGE 2638

  
 TONY BERNHARD, Recorder  
 YOLO COUNTY, CALIFORNIA



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY  
**WESTERN TITLE COMPANY, INC.**

IN OFFICIAL RECORDS OF  
DOUGLAS COUNTY, NEVADA

'89 NOV 21 P12:18

SUZANNE BEECHER  
RECORDS

**215113**

\$7.00 *PK* DEPUTY

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