

Requestor: Karl D. Ross  
P.O. Box 4637  
Stockton, CA  
95204

RECORDING REQUESTED BY  
MARGARET MARY BURNER

AND WHEN RECORDED MAIL TO

Name MARGARET MARY BURNER  
Street Address 3511 Schooner Drive  
City & State Stockton, Ca. 95209

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO  
Name MARGARET MARY BURNER  
Street Address 3511 Schooner Drive  
City & State Stockton, Ca. 95209

# Affidavit - Death of Joint Tenant

AJT 873 HD

THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE

181619

STATE OF CALIFORNIA,  
COUNTY OF San Joaquin } ss.

PARCEL

Margaret Mary Burner of legal age, being first duly sworn, deposes and says:  
That John Paul Mc Hugh the decedent mentioned in the attached certified copy of  
Certificate of Death, is the same person as John P. Mc Hugh  
named as one of the parties in that certain Joint Tenancy Warranty Deed dated January 27, 1975,  
executed by John P. Mc Hugh  
to John P. Mc Hugh and Margaret Mary Burner  
as joint tenants, recorded as Instrument No. 78021, on February 5, 1975, in  
book 275, page 77, of Official Records of Douglas  
County, Nevada, covering the following described property situated in the  
County of Douglas State of Nevada:

PAGE

PARCEL NO. 1: APN 5-21-22  
Unit 22, as shown on the official plat of "PINEWILD, A CONDOMINIUM",  
filed for record in the office of the County Recorder, Douglas County,  
Nevada, on June 26, 1973 as Document No. 67150.

MAP BOOK

PARCEL NO. 2:  
The exclusive right to the use and possession of those certain patio  
areas adjacent to said unit designated as "Restricted Common Area" on  
the Subdivision Map referred to in Parcel No. 1 above.

Assessors Identification Number:

PARCEL NO. 3:  
An undivided 22.8% interest as tenant in common in and to the portion of  
the real property described on the Subdivision Map referred to in Parcel  
No. 1 above, defined in the Amended Declaration of Covenants, Conditions  
and Restrictions of PINEWILD, A CONDOMINIUM project, recorded March 11,  
1974 in Book 374 of Official Records at page 193, as Limited Common Area  
and thereby allocated to the unit described in Parcel No. 1, above, and  
excepting unto Grantor non-exclusive easements for ingress and egress,  
utility services, support, encroachments, maintenance and repair over the  
common areas defined and set forth in said Declaration of Covenants,  
Conditions and Restrictions.

PARCEL NO. 4:  
Non-exclusive easements appurtenant to Parcel No. 1 above, for ingress and  
egress, utility services, support encroachments, maintenance and repair,  
over the common areas defined and set forth in the Declaration of Coven-  
ants, Conditions and Restrictions of PINEWILD, more particularly described  
in the description of Parcel No. 3 above.

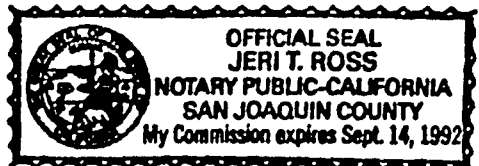
DATED: December 29, 1989

SUBSCRIBED AND SWORN TO before me

Margaret Mary Burner  
Margaret Mary Burner

this 29th day of December, 1989

Signature Jeri T. Ross  
Jeri T. Ross  
Name (Typed or Printed)



217485

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(This area for official notarial seal)

Title Order No. \_\_\_\_\_ Escrow, Loan or Attorney File No. \_\_\_\_\_

**CERTIFICATE OF DEATH**

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>John</b>			1B. MIDDLE <b>Paul</b>			1C. LAST (FAMILY) <b>McHugh</b>			2A. DATE OF DEATH—MO. DAY, YR. <b>November 21, 1989</b>		2B. HOUR <b>1500</b>		3. SEX <b>M</b>	
4. RACE <b>White</b>			5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			6. DATE OF BIRTH—MO. DAY, YR. <b>Dec. 8, 1922</b>			7. AGE IN YEARS <b>66</b>		IF UNDER 1 YEAR MONTHS   DAYS		IF UNDER 24 HOURS HOURS   MINUTES	
8. STATE OF BIRTH <b>CA</b>	9. CITIZEN OF WHAT COUNTRY <b>USA</b>		10A. FULL NAME OF FATHER <b>Peter J. McHugh</b>			10B. STATE OF BIRTH <b>CA</b>		11A. FULL MAIDEN NAME OF MOTHER <b>Margaret Yealy</b>			11B. STATE OF BIRTH <b>PA</b>			
12. MILITARY SERVICE? <b>19__ TO 19__ <input checked="" type="checkbox"/> NONE</b>			13. SOCIAL SECURITY NO. <b>5280</b>			14. MARITAL STATUS <b>NVR MRRD</b>			15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>-</b>					
16A. USUAL OCCUPATION <b>Agent</b>			16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Government</b>			16C. USUAL EMPLOYER <b>Federal Bureau of Investigation</b>			16D. YEARS IN OCCUPATION <b>36</b>		17. EDUCATION—YEARS COMPLETED <b>18</b>			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>3511 Schooner Drive</b>								18B. CITY <b>Stockton</b>		18C. ZIP CODE <b>95209</b>				
18D. COUNTY <b>San Joaquin</b>			18E. NUMBER OF YEARS IN THIS COUNTY <b>0</b>		18F. STATE OR FOREIGN COUNTRY <b>California</b>			20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Margaret Mary Burner Sister 3511 Schooner Drive Stockton, Ca. 95209</b>						
19A. PLACE OF DEATH <b>Residence</b>			19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA <b>-</b>			19C. COUNTY <b>San Joaquin</b>								
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>3511 Schooner Drive</b>					19E. CITY <b>Stockton</b>			TIME INTERVAL BETWEEN ONSET AND DEATH		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	IMMEDIATE CAUSE <b>(A) PERIPHERAL NEUROPATHY</b>						<b>4 Mo.</b>		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
DUE TO	<b>(B) AMYLOIDOSIS</b>						<b>3 Yrs</b>		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
DUE TO	<b>(C)</b>								24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <b>CHRONIC RENAL FAILURE</b>								26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. <b>RENAL BIOPSY 1986.</b>						
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR <b>9 26 89</b>			DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR <b>11 13 89</b>			27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN <b>Peter Gannon</b>		27C. PHYSICIAN'S LICENSE NUMBER <b>G-25472</b>		27D. DATE SIGNED <b>11/22/89</b>	
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <b>Peter Gannon MD 545 E. Cleveland St., Stockton, Ca.</b>			I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.						28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <b>Jogi Khanna</b>			28B. DATE SIGNED		
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined			30A. PLACE OF INJURY			30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR				
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)								33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)						
34A. DISPOSITION(S) <b>CR/BU</b>			34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <b>San Joaquin Cemetery Harding Way &amp; Cemetery Lane Stockton, Ca.</b>			34C. DATE MO, DAY, YEAR <b>11/27/89</b>		35A. SIGNATURE OF EMBALMER <b>Not Embalmed</b>		35B. LICENSE NUMBER				
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>DeYoung Memorial Chapel</b>			36B. LICENSE NO. <b>FD 208</b>		37. SIGNATURE OF LOCAL REGISTRAR <b>Jogi Khanna M.D.</b>			38. REGISTRATION DATE <b>NOV 27 1989</b>						
A.	B.	C.	D.	E.	F.	CENSUS TRACT <b>3244-10</b>								

VS-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

I, Jogi Khanna, M.D., Local Registrar of Vital Statistics for the County of San Joaquin, do hereby certify that, if bearing the seal of the Public Health Services of San Joaquin County, the foregoing is a true and correct copy of the certificate on file in my office.

**Jogi Khanna M.D. SEAT**

Date: NOV. 27, 1989

By:

*Wanna Haskins*

217485

Deputy Registrar

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COPY

REQUESTED BY

Karl D. Ross

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'90 JAN -2 P2:17

SUZANNE BEAUDREAU  
RECORDER

217485

\$ 7<sup>00</sup> PAID K12 DEPUTY

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