RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Mr. Jack O'Leary

STREET P.O. Box 64

CITY. Minden, Nv 89423

Order No..... Escrow No.....

SPACE ABOVE THIS LINE FOR RECORDER'S USE -

(This area for official notarial seal)

AffidavitDeath of Joint Tenant
STATE OF NEVADA
County of DOUGLAS Ss.
Jack Stowelle O'Leary , of legal age, being first duly sworn, deposes and says: That Jacqueline H. O'Leary , the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Jacqueline O'Leary named as one of the parties in that certain Grant, Bargain Sale Deed dated September 12, 1977 , executed by Lester T. Johnson and Joyce J. Johnson to JACK STOWELLE O'LEARY and JACQUELINE O'LEARY, His Wife as joint tenants, recorded as Instrument No. 13112 , on September 19, 1977 , in book 977 , page 1097 , of Official Records of Douglas County, Nevada covering the following described property situated in the Unincorporated County of Douglas , State of Nevada
Lot 39, as shown on that certain map entitled "FINAL MAP OF CARSON VALLEY ESTATES SUBDIVISION UNIT NO. 3" filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on September 15, 1971, in Book 2 of Maps Page 257, as Document No. 54454.
A.P.N. 25-415-05
Dated May 5, 1992 Jack Stowelle O'LEARY
SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this . 5tb. day of . May. 1992.  Agulate.  Notary Public in and for said County and State  277950  BOOK 592 PACE 791

AT

## WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS Reno, Nevada

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

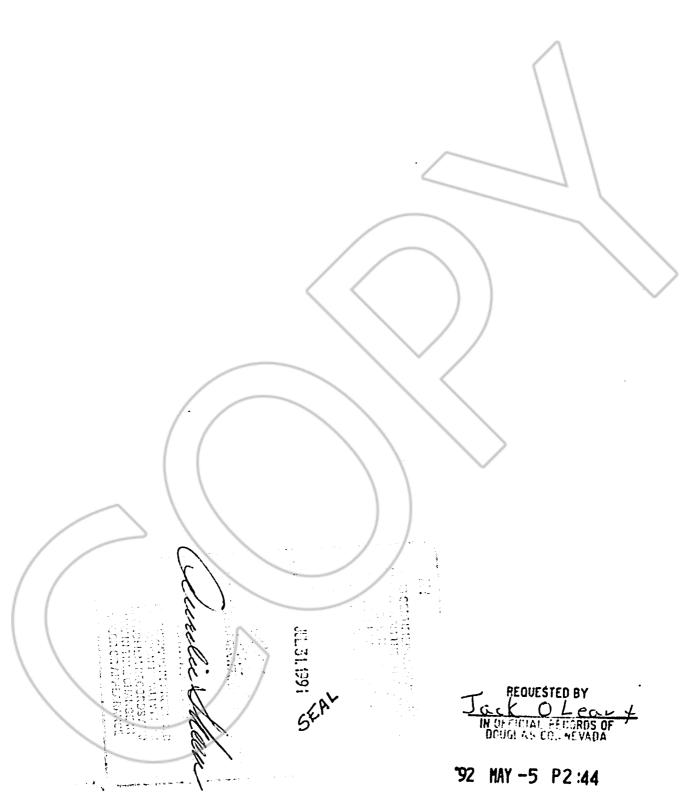
TORM FREE NUMBER  1445  DOTECTASTON  DECEASED—MANY  Free Number  1 Jacqueline  H. O'LEARY  2 July 29, 1991  3. Washoe  TOTT. TOWN. OR LOCATION OF DEATH  SEX  TOTT. TOWN. OR LOCATION OF DEATH  SEX  Washoe  Washoe Medical Center  1. Washoe Medical Center
DECEMBERS IN Jacqueline H. O'LEARY 2 July 29, 1991 as Washoe Permanent BLACK NKK INC CONTINUE BLACK NKK INC CONTIN
DECEMBENT  1. Jacquellie  H. O'LEARY  1. Jacquellie  H. STANDALOR OTHER HISTITUTION—Name git not enter, pre-tirred and number.  See Reno  1. Washoe Medical Center  1. Washoe
DECEMBENT  30 Reno  3
RECEIVE White Bask, American Red, and Decedent of Pagashic Organ? Specify Dyev's not if yet. AGE—List Specify Williams (15 (Specify))  5. White  5. White  5. White  6. CITIZENOF WHAT COLUNITRY  12. STATE OF BIRTH (10, Dep., YI)  13. STATE OF BIRTH (10, Dep., YI)  14. STATE OF BIRTH (10, Dep., YI)  15. STATE OF BIRTH (10, Dep., YI)  15. STATE OF BIRTH (10, Dep., YI)  15. STATE OF BIRTH (10, Dep., YI)  16. SUSA  16. STATE OF BIRTH (10, Dep., YI)  16. SUSA  16. STATE OF BIRTH (10, Dep., YI)  17. STATE OF BIRTH (10, Dep., YI)  18. Jack S. O'Leary  19. USA  19
PARENTS  PARENTS  SWINTERSON, CREAN, FURTHER,
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PARENTS  12
PARENTS  15a. Nevada  15b. Douglas  15c. Gardnerville  15d. 1377 Toiyabe  15d. Novada  15d. Nevada  15d. Nevada  15d. Nevada  15d. Nevada  15d. Sectory Yes or Mode  15d. Sectory Yes or Mode  15d. Novada  15d. Novada  15d. Sectory Yes or Mode  15d. Novada  15d. Sectory Nevada  15d. Sectory Yes or Mode  15d. Novada  15d. Novada  15d. Sectory Yes or Mode  15d. Novada  15d. Novada  15d. P.O. Box 64, Minden, Nevada 89423  15d. Carson City Nevada  15d
PARENTS  15a. Nevada   15b. Douglas   15c. Gardnerville   15c. 1377 Toiyabe   15c. No    15a. Nevada   15b. Douglas   15c. Gardnerville   15c. No    15b. Edward   15c. Mode   15c. No    16b. Edward   15c. No   15c. No   15c. No   15c. No    16c. Edward   15c. No   15c. No   15c. No   15c. No    16c. Edward   15c. No   15c. No   15c. No   15c. No    16c. Edward   15c. No   15c. No   15c. No   15c. No    16c. Edward   15c. No   15c. No   15c. No   15c. No    16c. Edward   15c. No   15c. No   15c. No    16c. Edward   15c. No   15c. No   15c. No    16c. Edward   15c. No   15c. No    16c. Carson City   Nevada    16c. No   15c. No   15c. No    16c. Carson City   Nevada    16c. Carson City
HARLON HAILY 17. Margaret Wilson  HINDAMANT—NAME (Type or Pint)  18a. Jack S. O'Leary  18b. P.O. Box 64, Minden, Nevada 89423  BURIAL, CREMATION, REMOVAL, OTHER (Specify)  18a. Burial  19a. Burial  19a. Burial  19a. Burial  19a. Burial  19b. Lone Mountain Cemetery  19c. Carson City Nevada  19a. Burial  19a. Burial  19b. Lone Mountain Cemetery  19c. Carson City Nevada  19a. To the best of my knowledge, death occurred struwbern  19a. Burial  19b. Lone Mountain Cemetery  19c. Carson City, NV 89702  20b. 1775, Carson City, NV 89702  21a. To the best of my knowledge, death occurred struwbern  20c. Trematory, P.O. Box 1775, Carson City, NV 89702  21a. To the best of my knowledge, death occurred struwbern  22b. July 30, 1991  21c. 2008  12c. 2008  12d. Signalure and Tale)  22d. On the bass of examination and/or investigation, in my op-mon ceach occurred alithe time, cate and place and due to the cause(s) state)  22c. Crematory, P.O. Box 1775, Carson City, NV 89702  22d. On the bass of examination and/or investigation, in my op-mon ceach occurred alithe time, cate and place and due to the cause(s) and manner stated.  22d. On the bass of examination and/or investigation, in my op-mon ceach occurred alithe time, cate and place and due to the cause(s) and manner stated.  22c. Crematory, P.O. Box 1775, Carson City, NV 89702  22d. On the bass of examination and/or investigation, in my op-mon ceach occurred alithe time, cate and place and due to the cause(s) and manner stated.  22d. On the bass of examination and/or investigation, in my op-mon ceach occurred alithe time, cate and place and due to the cause(s) and manner stated.  22d. On the bass of examination and/or investigation, in my op-mon ceach occurred alithe time, cate and place and due to the cause(s) and manner stated.  22d. On the bass of examination and/or investigation, in my op-mon ceach occurred alithe time, cate and place and due to the cause(s) and manner stated.  22d. On the bass of examination and/or investigation, in my op-mon ceach occurred alithe time,
MAILING ADDRESS (Sired or R.F.D. No. City or Town, State, 2c)  18a. Jack S. O'Leary 18b. P.O. Box 64, Minden, Nevada 89423  BURIAL CREMATION, REMOVAL OTHER (Specify) CEMETERY OR CREMATORY—NAME 10cation Connectery 19c. Carson City Nevada 19a, Burial 19b. P.O. Box 64, Minden, Nevada 89423  19a. Burial 19b. Lone Mountain Cemetery 19c. Carson City Nevada 19c. Carson City Nevada 20c. Crematory, P.O. Box 1775, Carson City, NV 89702  20b. #36 20c. Crematory, P.O. Box 1775, Carson City, NV 89702  21a. To the best of my knowledge, death occurred and large arry did to the causets) stated.  20b. #36 22a. On the bast of examination and/or investigation, in my opinion ceach occurred at the time, date and place and due to the causets) and manner stated.  22a On the bast of examination and/or investigation, in my opinion ceach occurred at the time, date and place and due to the causets) and manner stated.  22a On the bast of examination and/or investigation, in my opinion ceach occurred at the time, date and place and due to the causets) and manner stated.  22b. July 30, 1991 21c. 2008  22c. Carson City, NV 89702  22d. On the bast of examination and/or investigation, in my opinion ceach occurred at the time, date and place and due to the causets) and manner stated.  22c. Signature and Take)  DATE SIGNED (No. Day, Yr.) HOUR OF DEATH  22d. ON 22d. ON 22d. ON 22d. AT  NAME AND ADDRESS OF CERTIFIER (Physician, Attending Physician, Medical examination, or Cordoneri, (Type or Pinat)  DATE RECEIVED BY REGISTRAR (No. Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE  DATE RECEIVED BY REGISTRAR (No. Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE
BURIAL CREMATION. REMOVAL, OTHER (Specify)  DISPOSITION
DISPOSITION    Surial   19a
DISPOSITION    Surial   19a
FUNERAL DIRECTOR INAME AND ADDRESS OF FACILITY FITZHENTY'S FUNERAL HOME and DIRECTOR INAME AND ADDRESS OF FACILITY FITZHENTY'S FUNERAL HOME and DIRECTOR INAME AND ADDRESS OF FACILITY FITZHENTY'S FUNERAL HOME and DIRECTOR INAME AND ADDRESS OF FACILITY FITZHENTY'S FUNERAL HOME and DIRECTOR INAME AND ADDRESS OF FACILITY FITZHENTY'S FUNERAL HOME and DIRECTOR INAME AND ADDRESS OF FACILITY FITZHENTY'S FUNERAL HOME and DIRECTOR INAME AND ADDRESS OF FACILITY FITZHENTY'S FUNERAL HOME and DIRECTOR INAME AND ADDRESS OF GERTIFIER (Type or Print)  FUNERAL DIRECTOR  INAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR CORONER) (Type or Print)  FUNERAL DIRECTOR  INAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR CORONER) (Type or Print)  FUNERAL DIRECTOR  INAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR CORONER) (Type or Print)  FUNERAL DIRECTOR  INAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR CORONER) (Type or Print)  FUNERAL DIRECTOR  INAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR CORONER) (Type or Print)  FUNERAL DIRECTOR  INAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR CORONER) (Type or Print)  FUNERAL DIRECTOR  INAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR CORONER) (Type or Print)  FUNERAL DIRECTOR  INAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR CORONER) (Type or Print)  FUNERAL DIRECTOR  FUNERAL DIRECTOR  INAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR CORONER) (Type or Print)  FUNERAL DIRECTOR  FU
FUNERAL DIRECTOR NAME AND ADDRESS OF FACILITY FITZHENTY'S FUNERAL HOTTNE AND ADDRESS OF CATSON City, NV 89702  205. Crematory, P.O. Box 1775, Carson City, NV 89702  210. To the best of my knowledge, death occurred as the local set of place and due to the cause(s) stated.  221. To the best of my knowledge, death occurred as the local set of place and due to the cause(s) stated.  222. Crematory, P.O. Box 1775, Carson City, NV 89702  223. Sometime and Tale in the local set of place and due to the cause(s) and manner stated.  224. Signature and Tale in the local set of place and due to the cause(s) and manner stated.  225. Signature and Tale in the local set of place and due to the cause(s) and manner stated.  226. Signature and Tale in the local set of place and due to the cause(s) and manner stated.  227. Signature and Tale in the local set of place and due to the cause(s) and manner stated.  228. Signature and Tale in the local set of place and due to the cause(s) and manner stated.  229. Signature and Tale in the local set of place and due to the cause(s) and manner stated.  220. Signature and Tale in the local set of place and due to the cause(s) and manner stated.  220. Signature and Tale in the local set of place and due to the cause(s) and manner stated.  220. Signature and Tale in the local set of place and due to the cause(s) and manner stated.  221. Signature and Tale in the local set of place and due to the cause(s) and manner stated.  222. Signature and Tale in the local set of place and due to the cause(s) and manner stated.  222. Signature and Tale in the local set of place and due to the cause(s) and manner stated.  222. Signature and Tale in the local set of place and due to the cause(s) and manner stated.  222. Signature and Tale in the local set of place and due to the cause(s) and manner stated.  222. Signature and Tale in the local set of place
222. On the bast of my knowledge, death occurred and place and due to the cause(s) stated.    Signature and Take
21a. To the best of my knowledge, death occurred gue to the cause(s) stated.  (Spatial e and Tale)  DATE SIGNED (Mo. Day, Yr.)  HOUR OF DEATH  21b July 30, 1991  21c. 2008  Signal we are Tale)  21d  NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Phati)  PRONOUNCED DEAD (Mo. Day, Yr.)  REGISTRAR  PAGE STRAR  DATE REGISTRAR  22a. On the bass of examination and/or investigation, in my opinion ceath occurred at the time, cate and place and due to the cause(s) and manner stated.  Signal we are Tale)  DATE SIGNED (Mo. Day, Yr.)  HOUR OF DEATH  Signal we are Tale)  DATE SIGNED (Mo. Day, Yr.)  PRONOUNCED DEAD (Mo. Day, Yr.)  LICENSE NUMBER  23a.  CONDITIONS  REGISTRAR  DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.)  DEATH DUE TO COMMUNICABLE DISEASE
CERTIFIER    Signature and Tale   Comparing and Tal
CERTIFIER  DATE SIGNED (No. Day, Yr.)  HOUR OF DEATH  215 July 30, 1991  21c. 2008  NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  21d.  NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, WEDICAL EXAMINER, OR CORONER) (Type or Print)  Ritchie Gilberie, M. D.  23a.  REGISTRAR  DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.)  DEATH DUE TO COMMUNICABLE DISEASE
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORDINER) (7) per or Print)  LICENSE NUMBER  234. 507  CONDITIONS  REGISTRAR  DATE RECEIVED BY REGISTRAR (No. Day, YI) DEATH DUE TO COMMUNICABLE DISEASE
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORDINER) (T) per or Print)  LICENSE NUMBER  RITCHIE GILLS NO. D. CONDITIONS  REGISTRAR  DATE RECEIVED BY REGISTRAR (No. Day, YI) DEATH DUE TO COMMUNICABLE DISEASE
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORDINER) (7) per or Print)  LICENSE NUMBER  234. 507  CONDITIONS  REGISTRAR  DATE RECEIVED BY REGISTRAR (No. Day, YI) DEATH DUE TO COMMUNICABLE DISEASE
Ritchie Gillespie, M. D. CONDITIONS  REGISTRAR  REGISTR
CONDITIONS REGISTRAR DUE TO COMMUNICABLE DISEASE
CONDITIONS REGISTRAR (No. Day, YI) DEATH DUE TO COMMUNICABLE DISEASE
RISE TO UVEDIATE 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND,(c) ).  INVEDIATE 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND,(c) ).  IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND,(c) ).
WHICH GAVE RISE TO  INVEDIATE CAUSE STATING THE STATIN
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DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and beath
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OTHER SIGNIFICANT CONDITIONS—Conditions contributing to ceath but not resulting in the Anserting cause grant & Part.   AUTOPSY   (Specify WAS CASE REFERRED TO
DEATH  PART    Specify   Yes or No!   CORONER (Specify Yes or No)   26. Yes   NO!   27. NO
ACC., SUICIDE, HOW., UNDET., DATE OF INJURY AND DO YOU I HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED
OR PENDING INVEST. (Specify)
INJURY AT WORK PLACE OF INJURY—At home, farm, street lactory ratios   LOCATION   STREET OR R.E.D. NO. COTY OR TOWN STATE
(Specify Tes or no) building, etc. (Specify)
289.

STATE REGISTRAR

277950 No.029294

This is to certify that the above is a true and legal copy of the certificate of files this office.

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



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BOOK **592** PAGE **793** 

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