

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME  Mr. Jack O'Leary  
STREET ADDRESS P.O. Box 64  
CITY, STATE, ZIP Minden, Nv 89423

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

SPACE ABOVE THIS LINE FOR RECORDER'S USE

# Affidavit--Death 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.

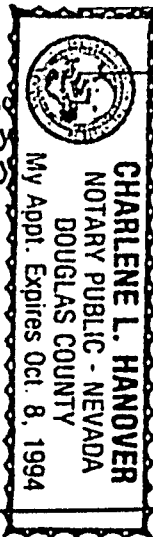
A.P.N. 25-415-05

*Jack Stowelle O'Leary*  
JACK STOWELLE O'LEARY

Dated ...May 5... 1992.....

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this ...5th... day of ...May... 1992.....

*Charlene L. Hanover*  
Notary Public in and for said County and State



277950  
BOOK 592 PAGE 791

(This area for official notarial seal)

# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS  
Reno, Nevada

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

ROLL 74 IMAGE 46

LOCAL FILE NUMBER

1445

STATE FILE NUMBER

|  |   |  |   |   |  |  |  |   |  |   |   |
|--|---|--|---|---|--|--|--|---|--|---|---|
| <b>DECEDENT</b>  | 1. <b>DECEASED—NAME</b> First Middle Last<br><b>Jacqueline H. O'LEARY</b>   |  |   | 2. <b>DATE OF DEATH</b> (Month, Day, Year)<br><b>July 29, 1991</b>        |  | 3a. <b>COUNTY OF DEATH</b><br><b>Washoe</b>                          |  |   |  |   |   |
|  | 3b. <b>CITY, TOWN, OR LOCATION OF DEATH</b><br><b>Reno</b>  |  | 3c. <b>HOSPITAL OR OTHER INSTITUTION—Name</b> (If not either, give street and number)<br><b>Washoe Medical Center</b>   |   | 3e. <b>If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)</b><br><b>Inpatient</b>  |  | 4. <b>SEX</b><br><b>Female</b>   |   |  |   |   |
| <b>DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE NEWS</b> | 5. <b>RACE—</b> (e.g., White, Black, American Indian, etc.) (Specify)<br><b>White</b>   |  | 6. <b>Was Decedent of Hispanic Origin?</b> Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. |   | 7a. <b>AGE—Last Birthday (Years)</b><br><b>61</b>  |  | 7b. <b>UNDER 1 YEAR</b><br>WOS : DAYS<br>7c. <b>UNDER 1 DAY</b><br>HOURS : MINS    |   |  |   |   |
|  | 8. <b>DATE OF BIRTH</b> (Mo., Day, Yr.)<br><b>Dec. 25, 1929</b>   |  | 9a. <b>STATE OF BIRTH</b> (If not U.S.A., name country)<br><b>Idaho</b>   |   | 9b. <b>CITIZEN OF WHAT COUNTRY</b><br><b>USA</b>   |  | 10. <b>Decedent's Education</b> Specify highest grade completed<br><b>13</b>       |   |  |   |   |
| <b>PARENTS</b>   | 11. <b>MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><b>Married</b>  |  | 12. <b>SURVIVING SPOUSE</b> (If wife give maiden name)<br><b>Jack S. O'Leary</b>  |   | 13. <b>SOCIAL SECURITY NUMBER</b><br><b>1872</b>   |  |  | 14a. <b>USUAL OCCUPATION</b> (Give kind of Work Done During Most of Working Life, Even if Retired)<br><b>Nurses Aid</b> |  |   |   |
|  | 14b. <b>KIND OF BUSINESS OR INDUSTRY</b><br><b>Hospital</b>   |  | 15a. <b>RESIDENCE—STATE</b><br><b>Nevada</b>  |   | 15b. <b>COUNTY</b><br><b>Douglas</b>   |  | 15c. <b>CITY, TOWN, OR LOCATION</b><br><b>Gardnerville</b>                         |   | 15d. <b>STREET AND NUMBER</b><br><b>1377 Toiyabe</b>   |   |   |
| 15e. <b>INSIDE CITY LIMITS</b> (Specify Yes or No)<br><b>no</b>                          |   | 16. <b>FATHER—NAME</b> First Middle Last<br><b>Edward Hally</b>                              |   | 17. <b>MOTHER—MAIDEN NAME</b> First Middle Last<br><b>Margaret Wilson</b> |  | 18a. <b>INFORMANT—NAME</b> (Type or Print)<br><b>Jack S. O'Leary</b> |  |   | 18b. <b>MAILING ADDRESS</b> (Street or R.F.D. No., City or Town, State, Zip)<br><b>P.O. Box 64, Minden, Nevada 89423</b>   |   |   |
| <b>DISPOSITION</b>   | 19a. <b>BURIAL, CREMATION, REMOVAL, OTHER</b> (Specify)<br><b>Burial</b>  |  | 19b. <b>CEMETERY OR CREMATORY—NAME</b><br><b>Lone Mountain Cemetery</b>   |   | 19c. <b>LOCATION</b> City or Town State<br><b>Carson City Nevada</b>   |  | 20a. <b>FUNERAL DIRECTOR—SIGNATURE</b> (Or Print as Such)<br><i>Frank L. Davis</i> |   |  | 20b. <b>FUNERAL DIRECTOR LICENSE NUMBER</b><br><b>#36</b>   |   |
|  | 20c. <b>NAME AND ADDRESS OF FACILITY</b><br><b>FitzHenry's Funeral Home and Crematory, P.O. Box 1775, Carson City, NV 89702</b>   |  | 21a. <b>To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.</b><br>(Signature and Title) <i>Ritchie Gillespie</i>     |   | 21b. <b>DATE SIGNED</b> (Mo., Day, Yr.)<br><b>July 30, 1991</b>  |  | 21c. <b>HOUR OF DEATH</b><br><b>2008</b>   |   | 22a. <b>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) and manner stated.</b><br>(Signature and Title) <i>Ritchie Gillespie</i> |   | 22b. <b>DATE SIGNED</b> (Mo., Day, Yr.) |
| <b>CERTIFIER</b>   | 22c. <b>HOUR OF DEATH</b>   |  | 22d. <b>PRONOUNCED DEAD</b> (Mo., Day, Yr.)   |   | 22e. <b>PRONOUNCED DEAD</b> (Hour)   |  | 22f. <b>ON</b>   |   | 22g. <b>AT</b>   |   |   |
|  | 23a. <b>NAME AND ADDRESS OF CERTIFIER</b> (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)<br><b>Ritchie Gillespie, M.D., 401, Reno, NV 89502</b> |  | 23b. <b>LICENSE NUMBER</b><br><b>5071</b>   |   | 24a. <b>REGISTRAR</b> (Signature) <i>Quelien Sheen</i>   |  |  | 24b. <b>DATE RECEIVED BY REGISTRAR</b> (Mo., Day, Yr.)<br><b>July 30, 1991</b>  |  | 24c. <b>DEATH DUE TO COMMUNICABLE DISEASE</b><br>24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |
| <b>CAUSE OF DEATH</b>  | 25. <b>IMMEDIATE CAUSE</b> (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))  |  | 25a. <b>PART I</b> (a) <b>brainstem infarction</b>  |   | Interval between onset and death<br><b>2 days</b>  |  | 25b. <b>PART I</b> (b) <b>subarachnoid bleed</b>                                   |   | Interval between onset and death<br><b>4 days</b>  |   |   |
|  | 25c. <b>PART I</b> (c) <b>arterio communicating artery aneurysm</b>   |  | Interval between onset and death<br><b>4 days</b>   |   | 25d. <b>PART II</b> OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. |  | 26. <b>AUTOPSY</b> (Specify Yes or No)<br><b>yes</b>                               |   | 27. <b>WAS CASE REFERRED TO CORONER</b> (Specify Yes or No)<br><b>no</b>   |   |   |
| 28a. <b>ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.</b> (Specify)                    |   | 28b. <b>DATE OF INJURY</b> (Mo., Day, Yr.)   |   | 28c. <b>HOUR OF INJURY</b>  |  | 28d. <b>DESCRIBE HOW INJURY OCCURRED</b>                             |  |   |  |   |   |
| 28e. <b>INJURY AT WORK</b> (Specify Yes or No)   |   | 28f. <b>PLACE OF INJURY—</b> At home, farm, street, factory, office building, etc. (Specify) |   | 28g. <b>LOCATION</b>  |  | 28h. <b>STREET OR R.F.D. No.</b>                                     |  | 28i. <b>CITY OR TOWN</b>  |  | 28j. <b>STATE</b>   |   |

STATE REGISTRAR **277950 No.029294**

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

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

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COPY

*Cynthia Mann*

RECORDS SECTION  
CLERK  
STATE OF NEVADA  
COURT REPORTING  
DIVISION

JUL 31 1991  
SEAL

REQUESTED BY  
Jack O'Leary  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

92 MAY -5 P2:44

SUZANNE BEAUDREAU  
RECORDER 277950  
\$ 7.00 PAID Ka DEPUTY  
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