

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF California ;  
COUNTY OF Santa Clara ;

Mary Florice Hoey , being of legal age,  
and being first duly sworn, deposes and says, that \_\_\_\_\_

John W. Hoey ,  
the decedent mentioned in the attached certified copy of Certificate  
of Death, is the same person as John W. Hoey  
named as one of the parties in that certain \_\_\_\_\_

Grant Bargain Sale Deed , dated April 30, 1987  
executed by Michael K. Swift Construction Co., Inc. ,

to John W. Hoey and Mary Florice Hoey, husband and wife  
as joint tenants, recorded as Instrument No. 154544 , on

May 8, 1987 , in Book 587 , Page 886 ,  
of Official Records of Douglas County, State of

Nevada , covering the following described  
property situated in the County of Douglas , State of  
Nevada , as follows:

Lot 1, in Block A, as set forth on that certain map of HERITAGE SQUARE TOWNHOUSES,  
filed for record in the office of the County Recorder of Douglas County, Nevada on  
April 8, 1986, in Book 486, Page 793, as Document No. 133158.

Assessment Parcel No. 25-570-01

**SEAL**

Dated this 5 day of February , 1993 .

STATE OF  
COUNTY OF

ss.

Mary Florice Hoey  
Mary Florice Hoey

On \_\_\_\_\_ personally appeared  
before me, a Notary Public, \_\_\_\_\_

personally known or proved to me to be the  
persons whose names are subscribed to the above  
instrument who acknowledged that they executed  
the same for the purposes therein stated.

\_\_\_\_\_  
Notary Public

WHEN RECORDED, MAIL TO:

Mary Florice Hoey

300014

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

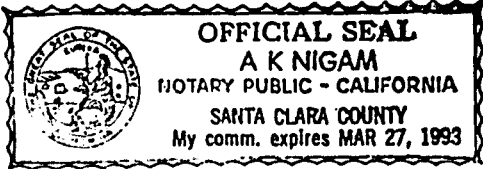
No. 5193

State of California  
County of Santa Clara

On February 5, 1993 before me, A.K. Nigam, Notary Public

DATE NAME, TITLE OR OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"  
personally appeared Mary Florice Hoey

personally known to me - OR -  proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

A.K. Nigam

SIGNATURE OF NOTARY

**OPTIONAL SECTION**

**CAPACITY CLAIMED BY SIGNER**

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the document.

- INDIVIDUAL
- CORPORATE OFFICER(S)

- TITLE(S)
- PARTNER(S)  LIMITED  GENERAL
  - ATTORNEY-IN-FACT
  - TRUSTEE(S)
  - GUARDIAN/CONSERVATOR
  - OTHER: \_\_\_\_\_

**SIGNER IS REPRESENTING:**

NAME OF PERSON(S) OR ENTITY(IES)

\_\_\_\_\_ / \_\_\_\_\_

**OPTIONAL SECTION**

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:

TITLE OR TYPE OF DOCUMENT Affidavit - Death of Joint Tenant

NUMBER OF PAGES 1 DATE OF DOCUMENT Signed 2-5-93

SIGNER(S) OTHER THAN NAMED ABOVE None

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

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BOOK 293 PAGE 3285

# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
	1.	John Wesley HOEY			2. November 13, 1992	3a. Carson City
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify)	SEX
	3b. Carson City		3c. Carson-Tahoe Hospital		3e. Inpatient	4. Male
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
	5. White	6.	7a. 72	7b. :	7c. :	8. Feb. 16, 1920
PARENTS	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	
	9a. New Jersey	9b. USA	10. 11	11. Married	12. Mary F. Ware	
DISPOSITION	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY			
	13. [REDACTED] 0169	14a. Security Officer	14b. Gaming			
CERTIFIER	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
	15a. Nevada	15b. Douglas	15c. Gardnerville	15d. 1420 Douglas	15e. Yes	
CAUSE OF DEATH	FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last		INFORMANT—NAME (Type or Print)		
	16. John Hoey	17. Anna Marie Chase		18a. Mary Hoey		
CAUSE OF DEATH	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		BURLI, CREMATION, REMOVAL, OTHER (Specify)			
	18b. 1420 Douglas #1 Gardnerville, Nevada 89410		19a. Burial		19b. Lone Mountain Cemetery	
CAUSE OF DEATH	CEMETERY OR CREMATORY—NAME		LOCATION City or Town State		FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	
	19c. Carson City Nevada		20a. [Signature]		20b. 21	
CAUSE OF DEATH	NAME AND ADDRESS OF FACILITY		FUNERAL DIRECTOR LICENSE NUMBER			
	20c. 1281 N. Roop Street, Carson City, Nv. 89706		20d. 21			
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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) and manner stated.		21b. Nov. 13, 1992	
	(Signature and Title)		(Signature and Title)		21c. 0315	
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
	21d. [Signature]		21e. 0315		22b. [Signature]	
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
	21f. [Signature]		22c. [Signature]		22d. ON	
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER		22e. AT	
	23a. Richard Yamamoto MD. 1001 N. Mountain Carson City, Nv. 89703		23b. 5778		22f. [Signature]	
CAUSE OF DEATH	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE			
	24a. [Signature]	24b. 11-16-92	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))					
	PART I (a) Cardiac failure					
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:					
	(b) Acute Renal Failure					
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:					
	(c) Myocardial infarction, pneumonia, Gastrointestinal hemorrhage					
CAUSE OF DEATH	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
	25a. [Signature]				26. No	27. No
CAUSE OF DEATH	ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
	28a. [Signature]	28b. [Signature]	28c. M	28d. [Signature]		
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE
	28e. [Signature]	28f. [Signature]	28g. [Signature]	[Signature]	[Signature]	[Signature]

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BOOK 293 PAGE 3286

SEAL NO. 040594

This is to certify that the above is a true STATE REGISTER By:

Date issued:

NOV 16 1992

Deputy Registrar

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

COPY

REQUESTED BY  
**STEWART TITLE of DOUGLAS COUNTY**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

**93 FEB 19 P3:24**

SUZANNE BEAUDREAU  
RECORDER  
*800* PAIU *KJ* DEPUTY **300014**  
BOOK **293** PAGE **3287**