

Prepared by and return to;

Francis H. Frisch CSB# 017175
Attorney at Law
1114 Franklin Street
Napa, California 94559

AFFIDAVIT - DEATH OF LIFE TENANT

STATE OF CALIFORNIA)

NAME OF DECEDENT: DOLLY F. MALLOY,
also known as DOLLY FARRELL MALLOY

(SS.

COUNTY OF NAPA)

DATE OF DEATH: March 26, 1992

THOMAS C. MALLOY of legal age, being first duly sworn, deposes
and says:

That DOLLY FARRELL MALLOY, the decedent mentioned in the attached
certified copy of Certificate of Death, is the same person
as DOLLY F. MALLOY, named as one of the parties in that
certain Deed of Gift Reserving Life Estate and The Right to
Revoke Deed from June 6, 1989 executed by THOMAS C. MALLOY and
DOLLY F. MALLOY, to THOMAS F. MALLOY, a married man as his
sole and separate proprety of an undivided ten per cent (10%)
interest; to PATRICIA MALLOY ROMANS, a married woman as her sole
and separate property an undivided twenty per cent (20%) interest; and to
KATHLEEN MALLOY HART, a married woman as her sole and separate property
an undivided three and one-third per cent (3 1/3%) interest, of
an undivided thirty-three and 1/3 per cent (33 1/3%) interest,
recorded as Instrument No. 68815, in Book 973, Page 418,
Official Records of Douglas County, Nevada, covering the

SEND TAX STATEMENTS TO: Thomas C. Malloy, 1668 Spruce Street,
Napa, California 94559

377429

BK 1295 PG 3650

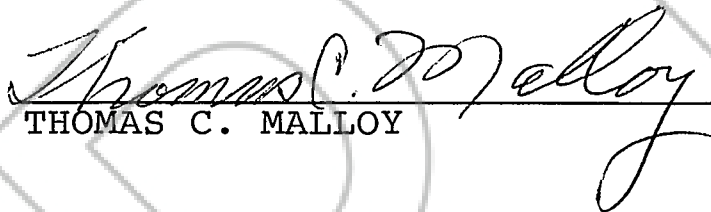
real property situate in the County of Douglas, State of Nevada,
described as follows:

Lot 2 in Block F as shown on the Map of
XEPHYR HEIGHTS NO. 5 SUBDIVISION, filed
in the office of the County Recorder of
Douglas County, Nevada, on June 7, 1955.

Assessor's Parcel Number 5-172-33

I declare under penalty of perjury under the laws of the
State of California that the foregoing is true and correct.

Dated: December _____, 1995.


THOMAS C. MALLOY

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

3-92-28

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

| | | | | | | |
|---------------------------|---|---|---|--|--|--|
| STATE FILE NUMBER | 1A. NAME OF DECEDENT—FIRST (GIVEN) DOLLY | 1B. MIDDLE FARRELL | 1C. LAST (FAMILY) MALLOY | 2A. DATE OF DEATH—MO, DAY, YR March 26, 1992 | 2B. HOUR 0830 | 3. SEX F |
| DECEDENT PERSONAL DATA | 4. RACE White | 5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 6. DATE OF BIRTH—MO, DAY, YR March 31, 1917 | 7. AGE IN YEARS 74 | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HOURS HOURS MINUTES |
| DECEDENT PERSONAL DATA | 8. STATE OF BIRTH NV | 9. CITIZEN OF WHAT COUNTRY USA | 10A. FULL NAME OF FATHER Frank J. Farrell | 10B. STATE OF BIRTH CA | 11A. FULL MAIDEN NAME OF MOTHER Sarah Ritchey | 11B. STATE OF BIRTH IN |
| DECEDENT PERSONAL DATA | 12. MILITARY SERVICE? 19__ TO 19__ <input checked="" type="checkbox"/> NONE | 13. SOCIAL SECURITY NO. [REDACTED]-2689 | 14. MARITAL STATUS Married | 15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Thomas C. Malloy | 16A. USUAL OCCUPATION Homemaker | 16B. USUAL KIND OF BUSINESS OR INDUSTRY At Home |
| DECEDENT PERSONAL DATA | 16C. USUAL EMPLOYER Self | 16D. YEARS IN OCCUPATION 51 | 17. EDUCATION—YEARS COMPLETED 12 | 18A. RESIDENCE—STREET AND NUMBER OR LOCATION 1668 Spruce Street | 18B. CITY Napa | 18C. ZIP CODE 94559 |
| USUAL RESIDENCE | 18D. COUNTY Napa | 18E. NUMBER OF YEARS IN THIS COUNTY 61 | 18F. STATE OR FOREIGN COUNTRY CA | 20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Thomas C. Malloy, Jr.—husband 1668 Spruce Street Napa, CA 94559 | 19A. PLACE OF DEATH Queen of Valley Hospital | 19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP |
| PLACE OF DEATH | 19C. COUNTY Napa | 19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1000 Trancas Street | 19E. CITY Napa | 22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 23. WAS BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| PLACE OF DEATH | 24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO | 25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 | 26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. | 21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Multiple Myeloma DUE TO (B) DUE TO (C) | TIME INTERVAL BETWEEN ONSET AND DEATH 3 months | 27. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <i>David A. Stanley M.D.</i> |
| CAUSE OF DEATH | 27C. CERTIFIER'S LICENSE NUMBER G26046 | 27D. DATE SIGNED 3-27-1992 | 27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS David A. Stanley, M.D.—3434 Villa Ln. #160—Napa, CA 94558 | 27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 2-3-1992 | 27B. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 3-26-1992 | 28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <i>[Signature]</i> |
| PHYSICIAN'S CERTIFICATION | 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 |
| CORONER'S USE ONLY | 32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) | 33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) | 34. DISPOSITION(S) BU | 34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Tulocay Cemetery Napa, CA | 34C. DATE MO, DAY, YEAR 3-30-92 | 35A. SIGNATURE OF EMBALMER <i>Eric D. Suen</i> |
| CORONER'S USE ONLY | 35B. LICENSE NUMBER 7420 | 36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Treadway & Wigger Funeral Chapel | 36B. LICENSE NO. FD 463 | 37. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i> | 38. REGISTRATION DATE MAR 27 1992 | 39. STATE REGISTRAR A. B. C. D. E. F. CENSUS TRACT |

VS-11 (REV. 3-91)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

REQUESTED BY
Francis H. Frisch
OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

95 DEC 22 P3:26

LINDA SLATER
RECORDER

\$9.00 PAID DEPUTY

377429

BK 1295PG3652

March 27, 1992

SEAL

This is a true copy of the certificate on file in my office.

[Signature]
REGISTRAR