

RECORDING REQUESTED BY
AND WHEN RECORDED RETURN TO

ROBERT J. TURRINI, ESQ.
Freitas, McCarthy, MacMahon & Keating
960 Fifth Avenue
San Rafael, CA 94901

SPACE ABOVE THIS LINE FOR RECORDER'S USE

3

AFFIDAVIT DEATH OF JOINT TENANT

STATE OF NEVADA
COUNTY OF DOUGLAS

(Assessor's Parcel No. 25-492-03)

SUSAN ROSE RIFFEL, of legal age, being first duly sworn, deposes and says:

THAT JEREMIAH G. CADIGAN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JEREMIAH G. CADIGAN named as one of the parties in that certain Deed, dated July 23, 1987, executed by JEREMIAH G. CADIGAN, to JEREMIAH G. CADIGAN and SUSAN ROSE RIFFEL, his daughter, a married woman as her sole and separate property, as joint tenants, recorded as Instrument No. 166174 on November 12, 1987, in Book 1187, Page 1500, of Official Records in the Office of the County Recorder of Douglas County, State of Nevada, describing the following real property in the County of Douglas, State of Nevada, more particularly described as set forth on Exhibit A attached hereto and incorporated herein by this reference.

Dated this 7 day of Nov., 1995.

Susan Rose Riffel
SUSAN ROSE RIFFEL

STATE OF MONTANA)
)
COUNTY OF Ravalli)

On 11/07, 1995, before me, PAUL M. KINK, personally appeared SUSAN ROSE RIFFEL personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity and that by her signature on the instrument the person executed the instrument.

SEAL

WITNESS my hand and official seal.

Notary's Signature Paul M. Kink
my commission expires 3/09/98

CERTIFICATION OF VITAL RECORD

COUNTY OF MARIN
SAN RAFAEL, CALIFORNIA

CERTIFICATE OF DEATH

3 95 21-000890

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		3. LAST (FAMILY)	
Jeremiah		Cadigan	
2. MIDDLE		G.	
4. DATE OF BIRTH MM/DD/CCYY		8. SEX	
11/13/1916		M	
5. AGE YRS.		7. DATE OF DEATH MM/DD/CCYY	
78		06/16/1995	
6. HRS.		8. HOUR	
		2305	
9. STATE OF BIRTH		11. MILITARY SERVICE	
Ca		NONE	
10. SOCIAL SECURITY NO.		12. MARITAL STATUS	
6527		Married	
13. EDUCATION—YEARS COMPLETED		15. USUAL EMPLOYER	
8		San Francisco Fire Department	
14. RACE		16. USUAL EMPLOYER	
Caucasian		San Francisco Fire Department	
17. OCCUPATION		18. YEARS IN OCCUPATION	
Fireman		20	
19. IND OF BUSINESS		19. YEARS IN OCCUPATION	
City Fire Department		20	
20. RESIDENCE—STREET AND NUMBER OR LOCATION			
94 Laurel Drive			
21. CITY			
Fairfax			
22. COUNTY			
Marin			
23. ZIP CODE			
94930			
24. YRS IN COUNTY			
18			
25. STATE OR FOREIGN COUNTRY			
California			
26. NAME RELATIONSHIP			
Elizabeth A. Cadigan - wife			
27. MARITAL ADDRESS STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP			
94 Laurel Drive, Fairfax, Ca 94930			
28. NAME OF SURVIVING SPOUSE—FIRST			
Elizabeth			
29. MIDDLE			
Ann			
30. LAST (FAMILY NAME)			
Snyder			
31. NAME OF FATHER—FIRST			
Patrick			
32. MIDDLE			
33. LAST			
Cadigan			
34. BIRTH STATE			
Ireland			
35. NAME OF MOTHER—FIRST			
Julia			
36. MIDDLE			
Patrice			
37. LAST (FAMILY NAME)			
Sullivan			
38. BIRTH STATE			
Ireland			
39. DATE MM/DD/CCYY			
06/23/1995			
40. PLACE OF FINAL DISPOSITION			
Family to scatter at sea 3 miles off Marin Coastline, Ca			
41. TYPE OF DISPOSITION			
C/Sea			
42. SIGNATURE OF EMBALMER			
Not embalmed			
43. LICENSE NO.			
44. NAME OF FUNERAL DIRECTOR			
Daphne Funerals Marin			
45. LICENSE NO.			
1235			
46. SIGNATURE OF LOCAL REGISTRAR			
Fred S. Schmeitz, M.D.			
47. DATE MM/DD/CCYY			
06/20/1995			
101. PLACE OF DEATH			
Residence			
102. STREET ADDRESS—STREET AND NUMBER OR LOCATION			
94 Laurel Drive			
103. FACILITY OTHER THAN HOSPITAL			
NONE			
104. COUNTY			
Marin			
105. CITY			
Fairfax			
106. DEATH WAS CAUSED BY: SHOW ONLY ONE CAUSE FOR USE FOR A, B, C, AND D			
METASTATIC CARCINOMA			
107. IMMEDIATE CAUSE			
CANCER OF COLON			
108. DUE TO (A)			
109. DUE TO (B)			
110. DUE TO (C)			
111. DUE TO (D)			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED			
115. SIGNATURE AND TITLE OF PHYSICIAN			
Paul Davidson M.D. G-6436			
116. LICENSE NO.			
6-6436			
117. DATE MM/DD/CCYY			
6/19/95			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS AND ZIP			
Paul Davidson MD 599 Sir Francis Drake, Grnbre, Ca 94904			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED			
120. MARRIED AT WORK			
121. MARRIED DATE MM/DD/CCYY			
122. HOUR			
123. PLACE OF MARRIAGE			
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. LOCATION STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE			
126. SIGNATURE OF CORONER OR DEPUTY CORONER			
127. DATE MM/DD/CCYY			
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
52486			
STATE REGISTRAR			

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED AUG 4 1995

STATE OF CALIFORNIA }
COUNTY OF MARIN } SS

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Marin County Assessor Recorder's Office.

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This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

Joan C. Thayer
MARIN COUNTY ASSESSOR-RECORDER
MARIN COUNTY, CALIFORNIA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT A

Lot 7, Block B, as said lot and block are shown on the map of CENTERTOWNE SUBDIVISION P.U.D., filed for record in the office of the County Recorder of Douglas County, Nevada, on November 4, 1977 as Document No. 14725.

COPY

REQUESTED BY
Robert Turkin
OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

96 MAR -4 11:01

LINDA SLATER
RECORDER

96 PAID *ka* DEPUTY

40742.1

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BK0396PG0251