

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA )  
COUNTY OF DOUGLAS )

MARIE L. McGUIRE, being of legal age, and being first duly sworn, deposes and says, that WILLIAM GEORGE McGUIRE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as WILLIAM G. McGUIRE named as one of the parties in that certain DEED, dated FEBRUARY 11, 1988 executed by JAMES ANDERSON and CHERYL A. ANDERSON, to WILLIAM G. McGUIRE and MARIE L. McGUIRE, husband and wife, as joint tenants, recorded as Instrument No. 172895, on FEBRUARY 19, 1988, in Book 288, Page 2742, of Official Records of Douglas County, State of Nevada, covering the property situate in the County of Douglas, State of Nevada, described as follows:

Lot 102, as shown on the Final Map of Carson Valley Estates Subdivision Unit No. 5, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on August 11, 1972, Document No. 61096.

Assessors Parcel No. 25-401-15

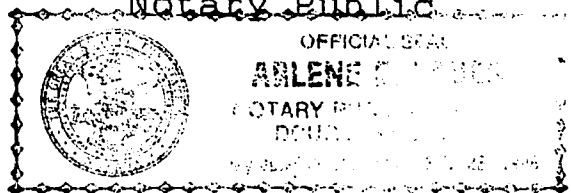
Dated this 14th day of May, 1996.

*Marie L. McGuire*  
Marie L. McGuire

STATE OF NEVADA )  
COUNTY OF DOUGLAS )

On MAY 14, 1996, personally appeared before me, the undersigned Notary Public, MARIE L. McGuire personally known (or proved to be on the basis of satisfactory evidence) to be the person whose name is subscribed to the above instrument who acknowledged that he executed the same for the purposes therein stated.

*Arlene E. Lauer*  
Notary Public



✓ WHEN RECORDED, MAIL TO:  
Marie McGuire  
1392 Kitty Hawk  
Gardnerville, NV 89410

387845  
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# 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 William George MCGUIRE			DATE OF DEATH (Month, Day, Year) May 9, 1996	STATE FILE NUMBER	COUNTY OF DEATH Carson City
	DECEDENT	CITY, TOWN, OR LOCATION OF DEATH Carson City	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Carson-Tahoe Hospital	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Emergency Room	SEX Male		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify) White	Was Decedent of Hispanic Origin? Specify <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 68	UNDER 1 YEAR MOS. : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) December 16, 1927	
	STATE OF BIRTH (If not U.S.A., name country) Pennsylvania	CITIZEN OF WHAT COUNTRY USA	Decedent's Education. Specify highest grade completed. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	SURVIVING SPOUSE (If wife, give maiden name) Marie Poore		
	SOCIAL SECURITY NUMBER -2904	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Engineer	KIND OF BUSINESS OR INDUSTRY Heavy Equipment				
	RESIDENCE—STATE Nevada	COUNTY Douglas	CITY, TOWN, OR LOCATION Gardnerville	STREET AND NUMBER 1392 Kittyhawk	INSIDE CITY LIMITS (Specify Yes or No) Yes		
PARENTS	FATHER—NAME First Middle Last George A. McGuire			MOTHER—MAIDEN NAME First Middle Last Clara Lance			
	INFORMANT—NAME (Type or Print) Marie McGuire			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1392 Kittyhawk, Gardnerville, Nevada 89410			
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		LOCATION City or Town State Carson City, Nevada		
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER #126		NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1555 Hwy 395 Minden, Nevada 89423		
CERTIFIER	21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>William O'Shaughnessy (M)</i>			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. (Signature and Title) <i>[Signature]</i>			
	DATE SIGNED (Mo., Day, Yr.) 21b. May 13, 1996	HOUR OF DEATH 21c. 2220		DATE SIGNED (Mo., Day, Yr.) 22b.	HOUR OF DEATH 22c.		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		PRONOUNCED DEAD (Hour) 22e. AT	
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print.) 23a. Dr. W. O'Shaughnessy, 911 Mountain Street, Carson City, Nevada			89703		LICENSE NUMBER 23b. 0860	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR 24a. (Signature) <i>Russ M. Vaughan</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. May 13, 1996		DEATH DUE TO COMMUNICABLE DISEASE 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) Cancer of the colon DUE TO, OR AS A CONSEQUENCE OF			Interval between onset and death : months			
	(b) DUE TO, OR AS A CONSEQUENCE OF			Interval between onset and death :			
	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Cancer of prostate			AUTOPSY (Specify Yes or No) 26. NO		WAS CASE REFERRED TO CORONER (Specify Yes or No) YES	
	ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.			
	INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE		



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

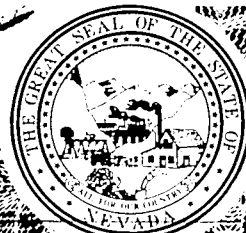
Date Issued: MAY 13 1996

STATE REGISTRAR

*Gyenne Sylva*

Deputy Registrar

No. 092250



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

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COPY

REQUESTED BY  
*MariemcGurie*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'96 MAY 14 P3:24

LINDA SLATER  
RECORDER

\$ 9.00 PAID Ka DEPUTY

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