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✓ When recorded, return to:

Gary M. Fuller, Esq.  
Guild, Russell, Gallagher  
& Fuller, Ltd.  
P.O. Box 2838  
Reno, NV 89505

APN: ~~052-50-09~~ 05-250-090

Grantee:

Katherine O. Smith  
645 Harbin Lane  
Reno, Nevada 89509

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA        )  
                                  )        ss:  
COUNTY OF WASHOE    )

KATHERINE O'LEARY SMITH, being first duly sworn upon her oath, deposes and says:

That she is the surviving spouse of BERNARD JAMES SMITH, Deceased;

That the said BERNARD JAMES SMITH died on the 10<sup>th</sup> day of May, 1988, in the City of Reno, County of Washoe, State of Nevada;

That a certified copy of the Certificate of Death of BERNARD JAMES SMITH is attached hereto;

That at the date of his demise, BERNARD JAMES SMITH held an interest as a joint tenant with the right of survivorship with KATHERINE O'LEARY SMITH, in that certain piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot numbered Six (6), as the same is laid down, delineated and numbered upon a certain map entitled "AMENDED PLAT OF THE ELKS SUBDIVISION, LAKE TAHOE, NEV." filed in the

0468891  
BK0599PG5354



# 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 65 IMAGE 802

829

	LOCAL FILE NUMBER		STATE FILE NUMBER	
	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
	1 Bernard James SMITH		2 May 11, 1988	
	CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
	3 Reno		3a Washoe	
	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		INSIDE CITY LIMITS (Specify Yes or No)	
	3c St. Marys Regional Medical Center		3d Yes	
	RACE—(e.g. White, Black, American Indian, etc.) (Specify)		IF Hosp. or Inst. indicate DOA, OP Emer Rm. Inpatient (Specify)	
	4a White		3e Inpatient	
	ETHNIC	AGE—Last Birthday (Years)	UNDER 1 YEAR	UNDER 1 DAY
	4b American	5a 65	MOS • DAYS	HOURS • MINS
			5b	5c
	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	DATE OF BIRTH (Mo., Day, Yr.)
	6 Nevada	9 U.S.A.	10 Married	7 August 8, 1922
	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life Even if Retired)	SURVIVING SPOUSE (If wife give maiden name)	SEX
	13 [REDACTED] 8635	14a Manager	11 Katherine O'Leary	7 Male
	RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER
	15a Nevada	15b Washoe	15c Reno	15d 645 Harbin Lane
				INSIDE CITY LIMITS (Specify Yes or No)
				15e Yes
	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
	16 Bernard J. Smith Sr.		17 Kathleen Houge	
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No. City or Town State Zip)	
	18a Katherine O. Smith		18b 645 Harbin Lane Reno, Nevada 89509	
	BURIAL, CREMATION, REMOVAL OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State	
	19a Cremation	19b Mountain View Cemetery	19c Reno Nevada	
	FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such)	NAME AND ADDRESS OF FACILITY		
	20a [Signature]	20b 875 West Second Street Reno, Nevada 89503		
	21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title)		22a On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated (Signature and Title)	
	DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
	21b 12 May 88		22b [Signature]	
	HOUR OF DEATH		HOUR OF DEATH	
	21c 3:45 P.M.		22c	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
	21d		22d ON	
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)		PRONOUNCED DEAD (Hour)	
	23 John M. Davis, M. D., 633 No. Arlington Ave., Reno, Nevada 89503		22e AT	
	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
	24a [Signature]	24b May 12, 1988	24c YES NOX	
	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 1a, 1b, AND 1c)			
	PART I 1a) GASTROINTESTINAL HEMORRHAGE			
	DUE TO OR AS A CONSEQUENCE OF			
	1b) PORTAL HYPERTENSION WITH ASCITES			
	DUE TO OR AS A CONSEQUENCE OF			
	1c) HEPATIC CIRRHOSIS			
	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY	27
	PART II		26 No	No
	ACC. SPOKE, HOOP, UNDET. OR FLYING INSTR.	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
	28a	28b	28c	28d
	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. No.	CITY OR TOWN STATE
	28e	28f	28g	28h

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

Deputy Registrar: [Signature]

Date: MAY 13 1999

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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REQUIRED BY  
*Conild, Russell, Gallagher,  
& Fuller, Ltd.*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'99 MAY 26 P2:32

LINDA SLATER  
RECORDER

\$ 10.00 PAID *[Signature]* DEPUTY

0468891

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