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APN: 37-512-12

MAIL TAX STATEMENTS TO:

PATRICIA L. LOWRY
3263 Vista Vallata
Gardnerville NV 89410

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) SS
COUNTY OF DOUGLAS)

PATRICIA LEE LOWRY, of legal age, being first duly sworn deposes and says:

That affiant is the surviving spouse of ROBERT C. LOWRY, deceased.

That ROBERT C. LOWRY, the decedent, is the same person as named as one of the parties in that certain Individual Grant Deed dated September 1, 1993, executed by William G. Hague and Suzanne Hague to Robert C. Lowry and Patricia Lee Lowry, husband and wife, as Joint Tenants with right of survivorship, recorded as Document No. 325729 on December 22, 1993 in Book 1293 at Page 4866, of the Official Records of Douglas County, State of Nevada, covering the following described property situate in Douglas County, State of Nevada, being **Assessor's Parcel Number 37-512-12**, more particularly described as follows:

Lot 23, in Block A, as shown on the Official Map of HOLBROOK HIGHLANDS, filed for record in the Office of the County Recorder of Douglas County, Nevada, on March 22, 1978, in Book 378, Page 1422, as Document No. 18825.

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That the said ROBERT C. LOWRY died on the 29th day of September, 1999, in Washoe County, State of Nevada, as set forth in the Certificate of Death filed November 9, 1999 as document number 155003 with the Registrar of the State of Nevada, Department of Human Resources, which such Certificate of Death is hereby referred to, and by such reference is incorporated into this paragraph as though herein fully set forth. Attached hereto as Exhibit A.

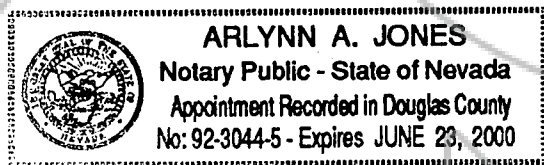
That all interest in and to said real property vested absolutely in affiant, PATRICIA LEE LOWRY, as of the date of said decedent's death.

DATED this 19 day of January, 2000.

Patricia Lee Lowry
PATRICIA LEE LOWRY

SUBSCRIBED and SWORN to before me this 19th day of January, 2000.

Arlynn A. Jones
Notary Public



✓ RECORDING REQUESTED BY AND MAIL TO:

PATRICIA L. LOWRY
3263 Vista Vallata
Gardnerville NV 89410

lowry\jt_death.aff

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 98 IMAGE 568

2489

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
	1. Robert C. LOWRY		2. September 29, 1999		3a. Washoe
DECEDENT	3b. Reno		3c. Washoe Medical Center		3e. Inpatient
	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. White		6. 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)
	7a. 47		7b. : 7c. :		8. April 16, 1952
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. Washington		9b. U.S.A		10. 12
	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. 1826		14a. Field Service Engineer		14b. Medical Equipment
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	15a. Nevada		15b. Douglas		15c. Gardnerville
	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION
PARENTS	16. Elbert H. Lowry		17. Mary A. Winkler		
	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		
DISPOSITION	18a. Patricia L. Lowry		18b. 3263 Vista Vallata Gardnerville, Nevada		
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		89410
CERTIFIER	19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, Nevada
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State
CAUSE OF DEATH	20a. James M. Hill		20b. 217		20c. 1380 Hwy. 395 Gardnerville, Nevada 89410
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY
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.		
	(Signature and Title)		(Signature and Title)		
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
	21b.		21c.		
CAUSE OF DEATH	22b. November 3, 1999		22c. 1734		
	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
CAUSE OF DEATH	22d. ON		22e. AT		
	PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)		
CAUSE OF DEATH	23a. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520		23b. WCC S. 35		
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER		
CAUSE OF DEATH	24a. (Signature) <i>Dandi Budjes</i> Dep.		24b. November 4, 1999		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death
	PART I (a) Subarachnoid and intracerebral hemorrhage		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
CAUSE OF DEATH	(b) Ruptured cerebral aneurysm		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
	(c)				Interval between onset and death
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		27. Yes
	26. Yes		27. Yes		
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY
	28b.		28c.		28d. M
CAUSE OF DEATH	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE
	28f.		28g.		

No.155003

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

Deputy Registrar: *Dandi Budjes* Date: NOV 9 1999

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Kelly R Chase
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 JAN 28 PM 3:40

LINDA SLATER
RECORDER

\$ 10.00 PAID *PL* DEPUTY

0485331

BKO100PG4634