RECORDING REQUESTED BY:

STEWART TITLE COMPANY
WHEN RECORDED MAIL TO:

ESCROW NO. 000800640 A.P.N. # 1220-16-210-024

MS. MURPHY	
517 Hoch	l
Takon Cit	MnV 89701
Mach es.	- , , ,

AFFIDAVIT - DEATH OF JOINT TENANT

APPIDAVII DEMINI OI CONTI IZIMITA
STATE OF NEVADA } ss.
COUNTY OF DOUGLAS SS.
AMY L. MURPHY, of legal age, being first duly sworn, deposes and says:
That CYNTHIA MARIE MURPHY , the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as CYNTHIA M. MURPHY
named as one of the parties in that certain DEED dated July 28, 1999
executed by Cynthia M. Murphy
to Amy L. Murphy
as joint tenants, recorded as Instrument No. 0473478 , on July 30, 1999
in Book 799 , Page 5410 , of Official Records of DOUGLAS
County, Nevada, covering the following described property situated in the DOUGLAS
County, State of Nevada:
LOT 14, BLOCK A, AS SAID LOT AND BLOCK ARE SHOWN ON THE AMENDED
MAP OF RANCHOS ESTATES, FILED IN THE OFFICE OF THE COUNTY
RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON OCTOBER 30,
1972, AS DOCUMENT NO. 62493. A.P.N. 1220-16-210-024
DATE: May 03, 2000
Umrd Must he
AMY E. MURPHY
STATE OF NEWGOLD }
O(s) = O(s) ss.
COUNTY OF CASSON City }
No. 11 2000
This instrument was acknowledged before me on May 11, 2000, by. AMY L. MURPHY
CLAUDIA G. DUSSEY
NOTARY PUBLIC - NEVADA
Appt. Recorded in CARSON CI
Signature Caudia q. Dobby Enterconscionations
Notary Public

BR 0 3 6 5 6 5 0 8 3

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

				OF DEA					
· ·	LE NUMBER						ST	ATE FILE NUM	IBER
DECEASED—NAME	ASED_NAME First Middle Last DATE OF DEATH (Month, Day,)			nth, Day, Year)		COUNTY O	F DEATH		
	Cynthia	Marie	Murphy		August 5				rson Ci
CITY, TOWN OR LOC	455.1		NSTITUTION—Name (If not e	ither, give street	and number) II Ri	Hosp. or Inst. indic n. Inpatient (Speci	ate DOA, O fy)	P/Emer.	SEX
3b. Carson		3c. 517 Pio	<u> </u>		36				4 Female
RACE—(e.g., White, E Indian, etc.) (Black, American W Specify) s	Vas Decedent of Hispanic Origin pecify Mexican, Cuban, Puerto F	? Specify ☐ yes 🔀 no If yes, Rican, etc.	AGE—Last Birthday (Year	s) MOS DAY		MINS		(Mo., Day, Yr.)
5. Whit	e 6			7a. 46	7b.	7c.			1, 1952
STATE OF BIRTH (If not U.S.A., name of	ountry)	CITIZEN OF WHAT COUN-	Decedent's Education. Spegrade completed.		MARRIED, NEVER N WIDOWED, DIVORC	ED	SURVIVI	IG SPOUSE (If	wile, give maiden n
9a Califor		9b. U.S.A.	10. 14		(Specify) Divo		12.		
SOCIAL SECURITY N		USUAL OCCUPATION (Give Working Life, Even if Retired)	김정합 제 기업이다 이 교통 방	st of	KIND OF BUSINES	S OR INDUSTRY			
	0103		Assistant		The second secon	rnment			
RESIDENCE—STATE			CITY, TOWN, OR LOCATION	The Control of the Co		ND NUMBER	-		CITY LIMITS Yes or No)
15a. Nevada		- 19 1997	156. Gardnervi	86 5 6 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Na 1, 1)	268 Fran		15e.	Yes
FATHER—NAME	First	Middle		HER-MAIDEN			Middle	- N	Last
	erry	V 3	radenburg 17.		Ar1			75	ilio
INFORMANT—NAME			MAILING ADDRESS		1997 1 1997	. No., City or Tow			\ /
	• Murphy			oche,	Carson C	D 13			<u>· V </u>
BURIAL, CREMATION			OR CREMATORY—NAME	11/2/2		DCATION	City or T		State
_{19a.} Buri		- 3/10 Bergan (B. 1979) - 8006	Eastside Memo	The second second	or of the 5 88.3	855 Ot		n, Nev	
FUNERAL DIRECTOR (Or Person Acting as	N-SIGNATURE Such)	FUNERAL D LICENSE NU	JMBER J		Literill	enry's F	unera	1 Home	
	nes //	20b. 2]	17 20c. 833	N. Edmo	onds Dr.,	Carson	City,	Nevad	a 89701
214 To the bes	it of my knowledge, do	eath occurred at the love, date a	ind place and	222	a. On the basis of exat the time, date a	amination and/or in	vestigation,	in my opinion	death occurred
20	and Title)			115	gnature and Title)	医二甲酚甲基 特殊 禁			
DATE SIG	ED (Mo., Day, Yr.)	HOUR OF DEAT	TH THE STATE OF TH	DA Öğ	TE SIGNED (Mo D	ıy, Yr.)	HOUR OF	DEATH	
0 2 6 / C	riegot)	/ 21c. Ü.7	700	5 ja 221	o		22c.		
CERTIFICATION (Signature DATE SIGNATURE) DATE SIGNATURE SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE	ATTENDING PHYSIC	CIAN IF OTHER THAN CERTIFI	ER (Type or Print)	PR	ONOUNCED DEAD	(Mo., Day, Yr.)	PRONOU	NCED DEAD (Hour)
Ü 21d.	~			220	d. ON		22e. AT		
		RTIFIER (PHYSICIAN, ATTENDI		The same of the sa				LICENSE NUM	MBER
\	ichard Be	ssette, M.D.,	1000 N. Divi	sion, (Carson Ci	ty, Neva	da	23ь. 603	3
REGISTRAR	//		DATE RECEI	VED BY REGIST	RAR (Mo., Day, Yr.)	DEATH DUE TO	COMMUNIC	CABLE DISEAS	SE
24a. (Signature)	- Mne	Hene Kak	OC 24b. 8	- 10 - 1	1999	24c. YES	Мо⊠		
25. IMMEDIATE CAUS	SE (ENTER ON	LY ONE CAUSE DER LINE F	7 (a), (b), AND (c).)	//	. 27		: In	terval between	onset and death
PART (a)	Mes	astate	e Ay	i CO	ince-		•		
DUET	TO, OR AS A CONSE	QUENCÉ OF:					• In	terval between	onset and death
(b)		CONTRACT OF		7			in	tervai petween	onset and death
(b)	TO, UH AS A CONSE	QUENCE UP:							
UUE T	TO, UH AS A CONSE	CUENCE OF:				*			
(c)	i sa	IONS—Conditions contributing to	o death but not resulting in the	underlying caus	e given in Part 1. A			AS CASE REF	
(c)	i sa		o death but not resulting in the	underlying caus	- T			RONER (Spec	ERRED TO cify Yes or No)
(c) PART OTHER SI	IGNIFICANT CONDITI	IONS—Conditions contributing to		underlying caus	20	Yes	or No) CC	RONER (Spec	
(c) PART OTHER SI	IGNIFICANT CONDITI	IONS—Conditions contributing to		· · · · · · · · · · · · · · · · · · ·	20	Yes	or No) CC	RONER (Spec	
(c) PART OTHER SI II ACC., SUICIDE, HOM OR PENDING INVES (Specify) 28a. INJURY AT WORK	IGNIFICANT CONDITI	IONS—Conditions contributing to OF INJURY (Mo., Day, Yr.) HOUR 28c. OF INJURY—At home, farm, st	OF INJURY DESCR M 28d. reet, factory, office LOCAT	RIBE HOW INJUI	20	Yes 3. No	or No) CC	PRONER (Spec	
(c) PART OTHER SI	A., UNDET., DATE CO.T. 28b. PLACE	IONS—Conditions contributing to DF INJURY (Mo., Day, Yr.) HOUR 28c.	OF INJURY DESCR M 28d. reet, factory, office LOCAT	RIBE HOW INJUI	RY OCCURRED	Yes 3. No	or No) CC 27	PRONER (Spec	cify Yes or No)
(c) PART OTHER SI II ACC SUICIDE, HOM OR PENDING INVES (Specify) 28a. INJURY AT WORK (Specify Yes or No)	IGNIFICANT CONDITI	IONS—Conditions contributing to OF INJURY (Mo., Day, Yr.) HOUR 28c. OF INJURY—At home, farm, st	OF INJURY DESCR M 28d. reet, factory, office LOCAT	RIBE HOW INJUI	RY OCCURRED	S. No	Or NO) CC	PRONER (Spec	TATE
(c) PART OTHER SI II ACC., SUICIDE, HOM OR PENDING INVES (Speairy) 28a. INJURY AT WORK (Specify Yes or No)	A., UNDET., DATE CO.T. 28b. PLACE	IONS—Conditions contributing to OF INJURY (Mo., Day, Yr.) HOUR 28c. OF INJURY—At home, farm, st building, etc. (Spec	OF INJURY DESCR M 28d. reet, factory, office LOCAT ify) 28g.	RIBE HOW INJUI	RY OCCURRED	S. No	or No) CC 27	PRONER (Spec	cify Yes or No)
(c) PART OTHER SI II ACC SUICIDE, HOM OR PENDING INVES (Specify) 28a. INJURY AT WORK (Specify Yes or No) 28e.	A., UNDET., DATE CO.T. 28b. PLACE	IONS—Conditions contributing to OF INJURY (Mo., Day, Yr.) HOUR 28c. OF INJURY—At home, farm, st	OF INJURY DESCR M 28d. reet, factory, office LOCAT ify) 28g.	RIBE HOW INJUI	RY OCCURRED	S. No	Or NO) CC	PRONER (Spec	TATE
(c) PART OTHER SI II ACC., SUICIDE, HOM OR PENDING INVES (Specify) 28a. INJURY AT WORK (Specify Yes or No)	A., UNDET., DATE CO.T. 28b. PLACE	IONS—Conditions contributing to OF INJURY (Mo., Day, Yr.) HOUR 28c. OF INJURY—At home, farm, st building, etc. (Spec	OF INJURY DESCR M 28d. reet, factory, office LOCAT ify) 28g.	RIBE HOW INJUI	RY OCCURRED	S. No	Or NO) CC	PRONER (Spec	TATE

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

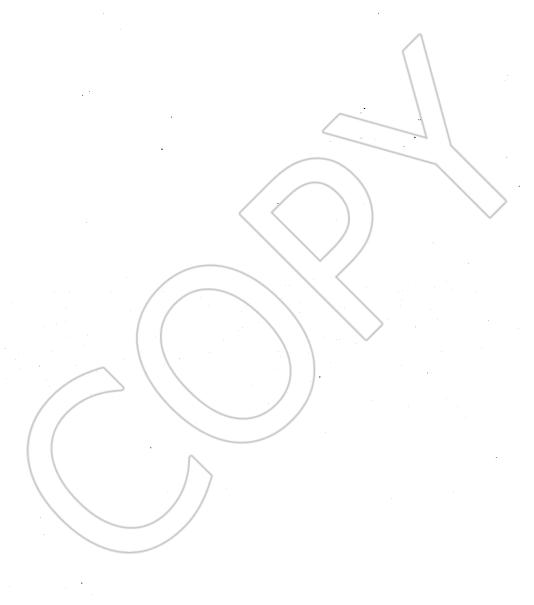
Date issued:

0492533

AUG 1 0 1999

State Registrar

ARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMEN



REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY

IN OFFICIAL RECORDS OF DOUGLAS CO.. NEVADA

2000 MAY 23 AM 10: 42

LINDA SLATER
RECORDER

9 00 00 DEPUTY

BK 0 5 0 0 PG 5 0 8 5

0492533