

**AFFIDAVIT - DEATH OF JOINT TENANT**

1320-33-411-002

APN

Patricia R. Thorpe, of legal age, being first duly sworn, deposes and says:

That John E. Thorpe, the decedent mentioned in the attached certified copy

of Certificate of Death, is the same person as John E. Thorpe

named as one of the parties in that certain Joint Tenancy Deed dated December 16, 1992

executed by John E. Thorpe, Trustee and Patricia R. Thorpe, Trustee

to John E. Thorpe and Patricia R. Thorpe, husband and wife

as joint tenants, recorded as Instrument No. 295815, on December 22, 1992, in

Book 1292, Page 3607, of Official Records of Douglas

County, Nevada, covering the following described property situated in the \_\_\_\_\_

\_\_\_\_\_, County of Douglas, State of Nevada:

Lot 2, in Block A, as set forth on that certain map of Heritage Square Townhouses, filed for record in the office of the County Recorder of Douglas County, Nevada, on April 8, 1986 in Book 486, at Page 793, as Document No. 133158.

**THIS DOCUMENT IS RECORDED AS AN ACCOMODATION ONLY**  
and without liability for the consideration therefor; or as to the validity or  
sufficiency of said instrument or for the effect of such recording on the title of  
the property involved.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ n/a.

Dated 7-17-00

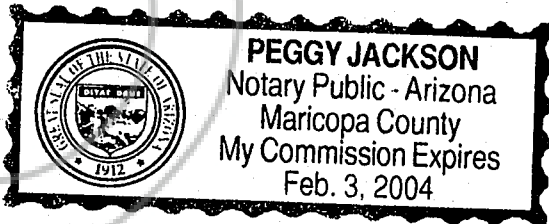
ARIZONA  
STATE OF ~~NEVADA~~  
COUNTY OF Maricopa } ss.

Patricia R. Thorpe  
Surviving Joint Tenant  
Patricia R. Thorpe

This instrument was acknowledged before me on

7-17-00

by Patricia R. Thorpe



Peggy Jackson  
Notary Public

(This area for official notarial seal)

Title Order No. \_\_\_\_\_ Escrow or Loan No. \_\_\_\_\_

83378EAC

SPACE BELOW THIS LINE FOR RECORDER'S USE

**RECORDING REQUESTED BY**  
**Western Title Company, Inc.**  
**AND WHEN RECORDED MAIL TO**

Name Patricia Thorpe  
Street Address 4343 E. Walnut Rd.  
City, State Zip Gilbert, Az 85236

**0498052**  
**BK0800PG3736**

# 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 97 IMAGE 130

LOCAL FILE NUMBER

1124

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

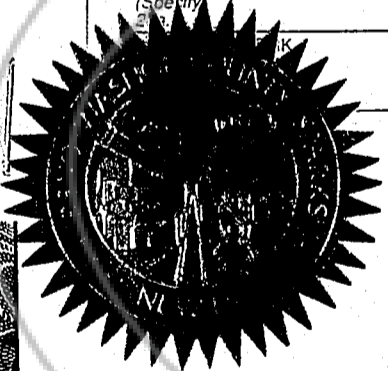
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

DECEASED—NAME First Middle Last 1. John Edwin THORPE			DATE OF DEATH (Month, Day, Year) 2. April 25 1999		COUNTY OF DEATH 3a. Washoe				
CITY, TOWN OR LOCATION OF DEATH 3b. Sparks		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 665 Spice Island Drive			If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) 3e.	SEX 4. Male			
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 69	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) 8. October 30 1929		
STATE OF BIRTH (If not U.S.A., name country) 9a. Oklahoma		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 12		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married		SURVIVING SPOUSE (If wife, give maiden name) 12. Patricia Vallone	
SOCIAL SECURITY NUMBER 13. ██████████ 2197		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Aviation Safety Inspector			KIND OF BUSINESS OR INDUSTRY 14b. Airlines				
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Washoe		CITY, TOWN, OR LOCATION 15c. Reno		STREET AND NUMBER 15d. Parr Boulevard 260		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
FATHER—NAME First Middle Last 16. Victor V. Thorpe			MOTHER—MAIDEN NAME First Middle Last 17. Anna Mary Stephens						
INFORMANT—NAME (Type or Print) 18a. Patricia Thorpe				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 260 Parr Boulevard Reno Nevada 89512					
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Fairfax Cemetery			LOCATION City or Town State 19c. Fairfax, Oklahoma				
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 16		NAME AND ADDRESS OF FACILITY 20c. Walton Funeral Home 875 West Second Street Reno NV 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) <i>[Signature]</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.				HOUR OF DEATH 21c.					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.				DATE SIGNED (Mo., Day, Yr.) 22b. May 10, 1999					
				HOUR OF DEATH 22c. 1138					
				PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON April 25, 1999					
				PRONOUNCED DEAD (Hour) 22e. AT 1138					
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520						LICENSE NUMBER 23b. WCC S. 35			
REGISTRAR 24a. (Signature) <i>[Signature]</i> Dep.		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. May 10, 1999		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death			
PART I (a) Atherosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF.						Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF.						Interval between onset and death			
(c)						Interval between onset and 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) 26. Yes		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c. M		DESCRIBE HOW INJURY OCCURRED 28d.			
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	



STATE REGISTRAR

No. 144906

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 11 1999

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

REQUESTED BY  
WESTERN TITLE COMPANY, INC.

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2000 AUG 21 PM 3:45

LINDA SLATER  
RECORDER

\$ 8<sup>00</sup> PAID *[Signature]* DEPUTY

0498052

BK0800PG3737