

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

✓ MARY BURNS  
1342 ~~1324~~ MUIR DR  
GARDNERVILLE, NV 89410

APN: 1220-16-710 - 067

**AFFIDAVIT-DEATH OF JOINT TENANT**

STATE OF NEVADA )  
                                  )ss.  
COUNTY OF CLARK )

MARY BURNS , of legal age, being duly sworn; deposes and says:

That GEORGE FRED TAVISH, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GEORGE FRED TAVISH named as one of the parties in that certain Quit Claim Deed dated February 20, 1990, executed by Jack H. and Frances M. Burns, Husband and Wife, as Joint Tenants, to Mary Alice Burns Tavish and George Fred Tavish, Husband and Wife, as joint tenants, recorded as Instrument No. 227821 on June 8, 1990, in Book 690, Page 1202, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, Douglas County, Nevada:

LOT ELEVEN (11) BLOCK D, GARDNERVILLE RANCHOS #4, DOUGLAS COUNTY, NEVADA, KNOWN AS <sup>42 (ms)</sup> 1324 MUIR DR., GARDNERVILLE, NEVADA  
APN#27-521-03  
<sup>1342 (ms)</sup>  
Commonly known as: ~~1324~~ MUIR DR., GARDNERVILLE, NV

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ <sup>150,000</sup> ~~150,000~~

DATED: 9/7/2000

Mary Burns  
MARY BURNS

VERIFICATION

I, the undersigned, say: I am the Surviving Tenant, the Declarant of the foregoing Affidavit; that I have read the foregoing and know the contents thereof; the same is true of my own knowledge. I declare under penalty of perjury that the foregoing is true and correct.

Executed on Sept 7<sup>th</sup>, 2000, at Douglas Co., Nevada.

SUBSCRIBED AND SWORN to  
before me this 7<sup>th</sup> day  
of Sept, 2000.

Mary Ann Wenner  
NOTARY PUBLIC



MARY BURNS

FOR RECORDER'S USE ONLY

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH

2220 MOORPARK AVENUE., SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-1 (REV. 100)

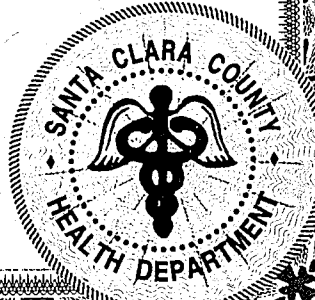
STATE FILE NUMBER		LOCAL REGISTRATION NUMBER					
1. NAME OF DECEDENT—FIRST (GIVEN) <b>GEORGE</b>		2. MIDDLE <b>FRED</b>		3. LAST (FAMILY) <b>TAVISH</b>			
4. DATE OF BIRTH—M/M/D/D/C/C/Y/Y <b>11/14/1927</b>		5. AGE YRS. <b>72</b>		6. SEX <b>M</b>		7. DATE OF DEATH—M/M/D/D/C/C/Y/Y <b>05/14/2000</b>	
8. HOUR <b>0130</b>		9. STATE OF BIRTH <b>PA</b>		10. SOCIAL SECURITY NO. <b>[REDACTED] 563</b>		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS <b>MARRIED</b>		13. EDUCATION—YEARS COMPLETED <b>12</b>		14. RACE <b>CAUCASIAN</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER <b>YELLOW FREIGHT CO.</b>		17. OCCUPATION <b>TRUCKDRIVER</b>		18. KIND OF BUSINESS <b>TRANSPORTATION</b>		19. YEARS IN OCCUPATION <b>30</b>	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>1342 MUIR DRIVE</b>							
21. CITY <b>GARDNERVILLE</b>		22. COUNTY <b>DOUGLAS</b>		23. ZIP CODE <b>89410</b>		24. YRS. IN COUNTY <b>23</b>	
25. STATE OR FOREIGN COUNTRY <b>NV</b>		26. NAME, RELATIONSHIP <b>MARY BURNS - SPOUSE</b>					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>1342 MUIR DR., GARDNERVILLE, NV 89410</b>						28. NAME OF SURVIVING SPOUSE—FIRST <b>MARY</b>	
29. MIDDLE <b>ALICE</b>		30. LAST (MAIDEN NAME) <b>BURNS</b>				31. NAME OF FATHER—FIRST <b>JOHN</b>	
32. MIDDLE <b>-</b>		33. LAST <b>TEVIS</b>		34. BIRTH STATE <b>CROATIA</b>		35. NAME OF MOTHER—FIRST <b>MARY</b>	
36. MIDDLE <b>-</b>		37. LAST (MAIDEN) <b>TALABISCO</b>		38. BIRTH STATE <b>HUNGARY</b>		39. DATE M/M/D/D/C/C/Y/Y <b>05/18/2000</b>	
40. PLACE OF FINAL DISPOSITION <b>RES: MARY BURNS, 1342 MUIR DR., GARDNERVILLE, NV 89410</b>							
41. TYPE OF DISPOSITION(S) <b>CR/TR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>				43. LICENSE NO. <b>-</b>	
44. NAME OF FUNERAL DIRECTOR <b>LIMA FAMILY SANTA CLARA</b>		45. LICENSE NO. <b>FD-93</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Martin Fenstersheib</i>		47. DATE M/M/D/D/C/C/Y/Y <b>05/16/2000</b>	
101. PLACE OF DEATH <b>SAN JOSE MEDICAL CENTER</b>		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY <b>SANTA CLARA</b>	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>675 E. SANTA CLARA ST.</b>		106. CITY <b>SAN JOSE</b>				107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)	
IMMEDIATE CAUSE (A) <b>CARDIOGENIC SHOCK</b>		DAYS <b>1</b>		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (B) <b>ISCHEMIC HEART DISEASE</b>		YEARS <b>2</b>		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C) <b>HYPERTENSION</b>		YEARS <b>1</b>		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D) <b>-</b>		-		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>RENAL FAILURE, CEREBROVASCULAR ACCIDENT</b>							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>CORONARY ARTERY BYPASS GRAFTINGS 04-23-2000</b>							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/D/D/C/C/Y/Y <b>12/28/1999</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>Martin Fenstersheib MD</i>		116. LICENSE NO. <b>A031130</b>		117. DATE M/M/D/D/C/C/Y/Y <b>05/15/2000</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>SERGIO COURT, MD 25 N. 14TH ST., STE. 870, SAN JOSE, CA 95127</b>		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/D/D/C/C/Y/Y		122. HOUR	
123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED							
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER				127. DATE M/M/D/D/C/C/Y/Y		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
D		E		F		G	
H		FAX AUTH. #		30380		CENSUS TRACT	

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATE ISSUED **05/18/2000**  
COUNTY OF SANTA CLARA } By *Martin D. Fenstersheib MD*  
This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.  
MARTIN D. FENSTERSHEIB  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY  
Mary Alice Burns  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2000 SEP -7 PM 2: 15

LINDA SLATER  
RECORDER

\$ <sup>9.00</sup> PAID 2.00 DEPUTY

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