

AFFIDAVIT - DEATH OF JOINT TENANT

APN 037-421-160

CATHERINE E. PAINTER, of legal age, being first duly sworn, deposes and says:
That CONSTANCE JEANETTE MCLAUGHLIN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CONSTANCE J. MC LAUGHLIN named as one of the parties in that certain JOINT TENANCY DEED dated MAY 29, 1974 executed by EMERY F. MULVANY AND SADIE C. MULVANEY, Husband and Wife to MERVYN L. MC LAUGHLIN AND CONSTANCE J. MC LAUGHLIN, HUSBAND AND WIFE as joint tenants, recorded as Instrument No. 73554, on MAY 30, 1974, in Book 574, Page 1101, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the _____, County of DOUGLAS, State of Nevada:

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 16, in Block E, as shown on the map of **TOPAZ RANCH ESTATES UNIT NO. 4**, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212.

A.P.N: 037-421-160

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 January 16, 2001

STATE OF NEVADA

COUNTY OF DOUGLAS

Catherine E. Painter Special Adm.
S.S. CATHERINE E. PAINTER, SPECIAL ADM.

This instrument was acknowledged before me on

January 23, 2001

by CATHERINE E. PAINTER, SPECIAL ADMINISTRATOR

Charlene L. Hanover
Notary Public



(This area for official notarial seal)

Title Order No.00084031

Escrow or Loan No.

SPACE BELOW THIS LINE FOR RECORDER'S USE

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

Name The Heirs and/or Devises of the Estate of MERVYN L.

Street Address P. O. BOX 187

City, State Zip WELLINGTON, NV 89444

84031-CLH

0508073

0429461/16/01

BK0201PG0315

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

94 004603

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

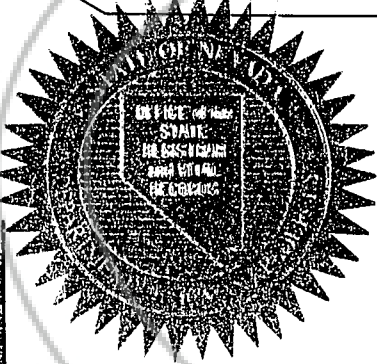
DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER														
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)			COUNTY OF DEATH											
1. Constance Jeanette McLAUGHLIN			May 6, 1994			3a. Douglas											
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street number)			If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)			SEX								
3b. Wellington			3c. 1410 WalkerView RD.			3e. 7			4. Female								
RACE—(e.g., White, Black, American Indian, etc) (Specify)			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)			UNDER 1 YEAR			UNDER 1 DAY			DATE OF BIRTH (Mo., Day, Yr.)		
5. White			6.			7a. 73			7b. :			7c. :			8. July 1, 1920		
STATE OF BIRTH (If not U.S.A., name country)			CITIZEN OF WHAT COUNTRY			Decedent's Education. Specify highest grade completed.			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			SURVIVING SPOUSE (If wife, give maiden name)					
9a. California			9b. USA			10. 12			11. Married			12. Mervin L. McLaughlin					
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			KIND OF BUSINESS OR INDUSTRY											
13. ██████████ 7217			14a. Home Maker			914			14b. 961			Own Home					
RESIDENCE—STATE			COUNTY			CITY, TOWN, OR LOCATION			STREET AND NUMBER			INSIDE CITY LIMITS (Specify Yes or No)					
15a. Nevada			15b. Douglas			15c. Wellington			15d. 1410WalkerView RD.			15e. No					
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last														
16. Fred McCoy			17. Stella Sidwell														
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)														
18a. Mervin L. McLaughlin			18b. 1410 WalkerView RD. Wellington, Nevada 89444														
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION City or Town State											
19a. Cremation			19b. FitzHenry's Crematory			19c. Carson City, Nevada											
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER			NAME AND ADDRESS OF FACILITY											
20a. <i>[Signature]</i>			20b. # 36			20c. 833 N. Edmonds Dr. Carson City, Nevada 89701											
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/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)														
DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH			DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH								
21b.			21c.			22b. 05-06-94			22c. 0330								
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)			PRONOUNCED DEAD (Hour)											
21d.			22d. ON May 6, 1994			22e. AT 0330											
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)			LICENSE NUMBER														
23a. <i>[Signature]</i> M. A. Munoz DLSO P.O. Box 218 Minden, NV 89423			23b. #303														
REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE											
24a. (Signature) <i>[Signature]</i>			24b. May 9, 1994			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)																	
PART I (a) Arterio Sclerotic Cardio Vascular Disease with Previous CVA																	
DUE TO, OR AS A CONSEQUENCE OF:																	
(b) Diabetes Melitus																	
DUE TO, OR AS A CONSEQUENCE OF:																	
(c)																	
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)			WAS CASE REFERRED TO CORONER (Specify Yes or No)											
26. No			27. Yes														
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			DATE OF INJURY (Mo., Day, Yr.)			HOUR OF INJURY			DESCRIBE HOW INJURY OCCURRED								
28a.			28b.			28c. M			28d.								
INJURY AT WORK (Specify Yes or No)			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.											



STATE REGISTRAR

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

Date Issued:

State Registrar

No. 065501

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

REQUESTED BY
WESTERN TITLE COMPANY, INC.
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

2001 FEB -2 PM 12: 44

LINDA SLATER
RECORDER

\$ 2.00 PAID *[Signature]* DEPUTY

0508073
BK0201PG0316