A.P.N. # 1319-10-101-007 ESCROW NO. 010701915 RECORDING REQUESTED BY:

STEWART TITLE COMPANY
WHEN RECORDED MAIL TO:

PATRICIA L. NEALES P. O. BOX 233 GENOA, NV 89411

## AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA } ss.
COUNTY OF DOUGLAS }
PATRICIA L. NEALES, of legal age, being first duly sworn, deposes and says: That WILLIAM KORTRIGHT NEALES, JR, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as WILLIAM K. NEALES
named as one of the parties in that certain <u>DEED</u> dated <u>June 17, 1999</u> executed by <u>SHIRLEY J. SMITH, AN UNMARRIED WOMAN AND CONNIE THOMAS, AN</u>
to WILLIAM K. NEALES AND PATRICIA L. NEALES, HUSBAND AND WIFE as joint tenants, recorded as Instrument No. 471237 , on June 28, 1999 in Book 699 , Page 5770 , of Official Records of DOUGLAS
County, Nevada, covering the following described property situated in the <b>DOUGLAS</b> County, State of Nevada:
Parcel 2 as set forth on that certain Parcel Map for Dan Hickey, filed for record in the office of the County Recorder of Douglas County, State of Nevada on August 29, 1989, in Book 889, Page 4299, as Document No. 209745.
APN 1319-10-101-007
DATE: August 09, 2001  Patricia L. Neales  PATRICIA L. NEALES
STATE OF Nevada  State of Nevada  State of Nevada  State of Nevada  This instrument was acknowledged before me on by, PATRICIA L. NEALES  J. MAYO  Notary Public - State of Nevada  Appointment Recorded in County of Carson City  96-1682-3 My Appointment Expires Mar. 19, 2004
Signature Notary Public

0520561 BK0801PG3404

**DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS** 

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

				CERTIFIC	ATE OF DE	EATH			ļ	
•	LOCAL FILE NUMBE	R							FILE NUMBER	
TYPE OR PRINT	DECEASED—NAME First		ddle	L	ast	DATE OF DEAT	H (Month, Day, Year)	C	OUNTY OF DEATH	
IN	¹ William	Kortri	ght	NEALES	Jr.	2. Februa	ary 4,2001	38	Carson City	
PERMANENT BLACK INK	CITY, TOWN OR LOCATION OF		SPITAL OR OTHER	INSTITUTION—Name			If Hosp, or Inst. inc Rm, Inpatient (Spe		ner. SEX	
	3b. Carcon Ci	3c.	Como	on Tahoe H	ocnital			tient	/ 4 Male	
DECEDENT	3b. Carson Ci RACE—(e.g., White, Black, Ame		ent of Hispanic Orig	in? Specify $\square$ yes $\overline{X}$ no Rican, etc.	o If yes. AGE—Las	st UNDER	1 YEAR UNDER	DAY DATE O	OF BIRTH (Mo., Day, Yr.)	
	Indian, etc.) (Specify)		cican, Cuban, Puerto	Rican, etc.		Years) MOS 7b.	DAYS HOURS		May 24,1937	
	5. White STATE OF BIRTH	6.	N OF WHAT COUN-	Decedent's Educat	7a. 63	MARRIED, NE	VER MARRIED.		POUSE (If wife, give maiden name)	
IF DEATH OCCURRED IN	(If not U.S.A., name country)	TRY		grade completed.		I WIDOWED DI	VORCED -	u Pot	Hokanson	
INSTITUTION SEE HANDBOOK	9a. California		U.S.A.	e Kind of Work Done D	14	(Specify) Ma	SINESS OR INDUSTR		nokalisuli	
REGARDING COMPLETION OF	SOCIAL SECURITY NUMBER		Life, Even if Retire		55°	8 060	1			
RESIDENCE ITEMS	<sup>13.</sup> 301		For	reman		14b.	<u>Insulation</u>	Indust	TY LINSIDE CITY LIMITS	
	RESIDENCE—STATE	COUNTY		CITY, TOWN, OR L	OCATION		EET AND NUMBER	200	(Specify Yes or No)	
<b>→</b> [	<sub>15a.</sub> Nevada	15b. Doug	las .	15c. Genoa			Centenial		15e. Yes	
	FATHER—NAME First		Middle	Last	MOTHER-MAIL	DEN NAME	First	Midale	Last	
PARENTS	√ <sup>16.</sup> William	Kortr	icht Ne	eales	17. Doro	othy		Rial		
	INFORMANT—NAME (Type or I		15110 11	MAILING AD			R.F.D. No., City or To	wn, State, Zip)		
	18a. Patricia	Jan Tan		18b. 200	Centeni	al Stree	t, Genoa,	Nevada	89411	
	18a. Patricia D		CEMETER	Y OR CREMATORY—		II DEFEC	LOCATION	City or Town		
		• • • • • • • • • • • • • • • • • • • •	*	Walton's S	iorra Cre	matory	19c. Cars	on City	, Nevada	
DISPOSITION	19a. Cremation  FUNERAL DIRECTOR—SIGNA		1		AND ADDRESS OF	46.00				
	(Or Person Acting as Such)	72	LICENSE	NUMBER	1	, W			the Valley 02	
(	20a. 111111111111111111111111111111111111	1 June	20b.	9 20c. ]	1281 N. R	oop Stre	et, Carson	investigation in n	evada 89706	
	Z 2 a. To the best of m) kr due to the cause(s)	owledge, death occu stated.	rred at the time, date	e and place and	A		date and place and du	to the cause(s) a	ny opinion death occurred and manner stated.	
	ခ်ပ္သို့ (Signature and Title)	<b>&gt;</b>			completed b	(Signature and T		Delel	it 9301	
	夏五 DATE SIGNED (Mo.	Day, Yr.)	HOUR OF DE	ATH		DATE SIGNED (	Mo., Day, Yr.	HOUR OF DE	AIH .	
	00 00 21b.		21c.	1306	o col	22b. / - 、	<u> 5 - 01 </u>	22c. / =	306	
CERTIFIER	A V A C S C S C S C S C S C S C S C S C S C	NG PHYSICIAN IF C	THER THAN CERT	IFIER (Type or Print)	a g	PRONOUNCED	DEAD (Mo., Day, Yr.)	PRONOUNCE	ED DEAD (Hour)	
				1		22d. ON 2 -	-4-01	22e. AT	306 <u> </u>	
	NAME AND ADDRE	SS OF CERTIFIER (	PHYSICIAN, ATTEN	DING PHYSICIAN, ME	DICAL EXAMINER,	OR CORONER). (7	ype or Print.)	LIC	ENSE NUMBER	
Į	23a. 27.174	RESEL	P DEACH	TOWER 901	IE MUSSY	R GARGO	(Ch) NV 8	770/ 236	. 4301	
CONDITIONS	REGISTRAR		A COLOR	DAT	7	400	y, Yr.) DEATH DUE	O COMMUNICAB	LE DISEASE	
IF ANY WHICH GAVE	24a. (Signature)	· IN R	Kirl	24b.	File	9,2001	24c. YES[	] NO[ <b>X</b>		
RISE TO IMMEDIATE		ENTER ONLY ONE	CAUSE PER LINE F	OR (a), (y), AND (c).)	1202	11 21001	<u></u>	interv	al between onset and death	
CAUSE STATING THE		/ ,			1	1 1	_			
UNDERLYING CAUSE LAST		liac arre			_			• Interv	val between onset and death	
1	/ DDE 10, OH A.	S A CONSEGUEINGE		1	1	1		:		
	(b) Proba	able acut	e MI		-			• Interv	val between onset and death	
	DUE TO, OH A	S A CONSEQUENCE	: QF:		/ /		<b>\</b>			
CAUSE OF	(c)				<del>. \ \</del>		- + LAUTOPSV	(Specify   WAS	CASE REFERRED TO	
DEATH	PART OTHER SIGNIFICA	NT CONDITIONS—C	onditions contributing	g to death but not resul	ting in the underlying	cause given in Pa		es or No) CORC	NER (Specify Yes or No)	
		/ /	<u> </u>				26. N	0 27.	Yes	
	ACC., SUICIDE, HOM., UNDET OR PENDING INVEST.	DATE OF INJURY	(Mo., Day, Yr.) HO	UR OF INJURY	DESCRIBE HOW	INJURY OCCURRI	ĒD			
	(Specify) 28a.	28b.	280	N	1 28d.					
	INJURY AT WORK	PLACE OF INJU	JRY-At home, farm building, etc. (S)	, street, factory, office	LOCATION.	STREET O	R R.F.D. No.	CITY OR TOW	N STATE	
	(Specify Yes or No)	28f.	bullarig, etc. (5)	pecny)	28g.					
_ / \	201.						**	N. 477040		
			The same of the sa					NO.T	77213	
	Del No. of San		The state of the s							
	A STATE OF STATE			STATE DE	EGISTRAR		1		( )	
30	INTERIOR STATE		0.	SIMIENI	Laiotran		Alo	Alaman	1.18	
							Toff	rink	. Marine	
	TANK TENENT	This is to	certify that t	he above is a tr	ue and corres	teopy 7 o	nni 🥙 .	Color of		
		of the ce	rtificate on fil	e in this office.	3 6	and the face				
		Data lesi	La. /				6	oto Bogistra	THE PARTY OF THE P	

REQUESTED BY

IN OFFICIAL RECORDS OF DOUGLAS COUNTY

2001 AUG 14 AM 10: 30

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