

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : SS.
COUNTY OF DOUGLAS)

VIRGIL MANUEL BOWEN being duly sworn, declares:

That ROSEMARIE A. McCORMICK BOWEN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ROSEMARIE McCORMICK BOWEN, named as one of the parties in the Grant, Bargain, Sale Deed executed by John Gilbert Pagen and Tamara Smith Pagen, Trustees of the Pagen Family Trust UDT May 15, 1998 to Virgil Manuel Bowen and Rosemarie A. McCormick Bowen, as joint tenants, and recorded as Instrument No. 493189 on June 1, 2000 in Book 600 at Page 243, in the Official Records of the County Recorder of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

Lot 30, as shown on the Amended Map of Topaz Lodge Subdivision First and Second Sections, filed in the office of the County Recorder of Douglas County, State of Nevada, on September 16, 1958, under File No. 13594.

Virgil Manuel Bowen
VIRGIL MANUEL BOWEN

Subscribed and sworn to before me this 1st day of March, 2002.

[Seal]



Lydia Youngblood
NOTARY PUBLIC

After Recording Mail to:

✓
Virgil Bowen
1980 Churchill Street
Gardnerville, NV 89410

0536199

BK0302PG01297

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

Altered

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		
1. DECEASED—NAME First Middle Last Rosemarie Ann MCCORMICK-BOWEN			2. DATE OF DEATH (Month, Day, Year) October 10, 2001		3a. COUNTY OF DEATH Douglas
3b. CITY, TOWN OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 1980 Churchill		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) 6	
4. SEX Female		5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
7a. AGE—Last Birthday (Years) 68		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS	
8. DATE OF BIRTH (Mo., Day, Yr.) February 22, 1933		9a. STATE OF BIRTH (If not U.S.A., name country) Massachusetts		9b. CITIZEN OF WHAT COUNTRY U.S.A.	
10. Decedent's Education. Specify highest grade completed. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Virgil Bowen	
13. SOCIAL SECURITY NUMBER 4032		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1980 Churchill		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER—NAME First Middle Last Costantino Casto	
17. MOTHER—MAIDEN NAME First Middle Last Josephine Savio		18a. INFORMANT—NAME (Type or Print) Pat Mowery		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1841 Gemm, Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial/Removal		19b. CEMETERY OR CREMATORY—NAME Rose Hills Cemetery		19c. LOCATION City or Town State Whittier, California	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 9		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 02 1281 N. Roop Street, Carson City, Nevada 89706	
21a. To be completed by CERTIFYING PHYSICIAN 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>		21b. DATE SIGNED (Mo., Day, Yr.) 10/10/01		21c. HOUR OF DEATH 1320	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. To be completed by Coroner's Office 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>		22b. DATE SIGNED (Mo., Day, Yr.)	
22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22d. ON		22e. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Dr. E. Easley, 1107 Hwy 395, Gardnerville, Nevada 89410		23b. LICENSE NUMBER 7446		24a. REGISTRAR (Signature) <i>[Signature]</i>	
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) Oct. 11, 2001		24c. DEATH DUE TO COMMUNICABLE DISEASE 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) DUE TO, OR AS A CONSEQUENCE OF: Respiratory Failure		PART II (a) ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		28b. DATE OF INJURY (Mo., Day, Yr.)	
(b) DUE TO, OR AS A CONSEQUENCE OF: Progressive Supranuclear Palsy		28c. HOUR OF INJURY M		28d. DESCRIBE HOW INJURY OCCURRED	
(c) DUE TO, OR AS A CONSEQUENCE OF: Dementia		28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	

Information corrected, State Affidavit #38232, 10/17/01. **No. 206913**
Item #13. State Affidavit #38265, 10/29/01. Item #2. Oct. 9, 2001,
6479



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

Date Issued:

OCT 29 2001

0536199

State Registrar

[Signature: Yvonne Sylva]

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Raven L Winters
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 MAR -4 PM 4: 15

LINDA SLATER
RECORDER

\$16⁰⁰ PAID 2 DEPUTY

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