

1420-33-611-007

APN NO.: ~~33-611-007~~

ESCROW NO.: 2000-29007-DEC

WHEN RECORDED MAIL TO:

Ellen V. Duffy
1384 Cathy Lane
Minden, NV 89423

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY, EXPRESS OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY OR SUFFICIENCY NOR AS TO ITS AFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.

FIRST AMERICAN TITLE CO.

MAIL TAX STATEMENT TO:

Ellen V. Duffy
1384 Cathy Lane
Minden, NV 89423

AFFIDAVIT OF SURVIVING TENANT

STATE OF Nevada)ss.
COUNTY OF Douglas)

Ellen V. Duffy, being first duly sworn, deposes and says:

1. That Ellen V. Duffy is over the age of twenty-one years and legally competent to make and execute this Affidavit.
2. That Ellen V. Duffy is the surviving spouse of James W. Duffy.
3. That James W. Duffy is now deceased, having died in Douglas County, on the 23rd day of January, 1990. Attached hereto is a copy of the Certificate of Death of said James W. Duffy, which has been duly filed with the Nevada State Department of Health, Division of Vital Statistics, Carson City, Nevada. That you affiant expressly incorporates said Certificate of Death in this Affidavit.
4. That during the lifetime of the said James W. Duffy, and your affiant owned the following described real property, situate in the County of Douglas, State of Nevada, as joint tenants, with right of survivorship, to-wit:

A portion of the Northeast ¼ of Section 33, Township 14 North, Range 20 East, M.D.B. & M., described as follows:

Lot 7, Block 7, Mountain View Estates Unit No. 3, recorded May 21, 1985, in Book 585, Page 1696, Official Records of Douglas County, State of Nevada.

5. That said joint tenancy was created by a certain Deed made and executed on May 30, 1985, and which was recorded May 30, 1985, in Book 585, Page 2483, as Document No. 117968, Official Records.
6. That by reason of the demise of the said James W. Duffy, your affiant is the sole surviving tenant and is the sole owner in fee simple of the above described property.

Ellen V. Duffy

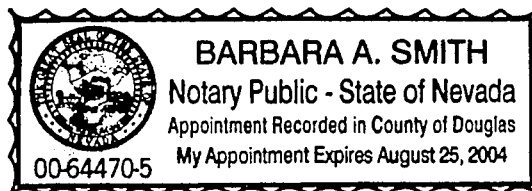
Ellen V. Duffy

Subscribed and sworn to before me this 21st day of March, 2002 by Ellen V. Duffy

Barbara Smith
Notarial Officer

0537626

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BK 0302 PG 07935

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

90 000250

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		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
		James William DUFFY		2 January 23, 1990		90 000250	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emar. Rm. Inpatient (Specify)		COUNTY OF DEATH	
3b. Rural-Douglas		3c. 1384 Cathy Lane		3e. 7		3d. Douglas	
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)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 64		9. July 1, 1925	
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)	
9a. New York		9b. U.S.A.		10. 12		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. [REDACTED] 3680		14a. SHGA (E-7)		14b. U.S. Navy 942		12. Ellen V. Kelley	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Minden		15d. 1384 Cathy Lane	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
15e. no		16. Terrence Duffy		17. Elizabeth Callon			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Ellen V. Duffy		18b. 1384 Cathy Lane, Minden, Nevada 89423					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION—City or Town State			
19a. Removal/Burial		19b. Pacific Ocean		19c. Off Pacific Ocean			
FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Proxy)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20b. #36		20c. FitzHenry's Funeral Home and Crematory, P.O. Box 1775, Carson City, NV 89702			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		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.	
21a. [Signature]		21b. [Date]		21c. [Time]		22a. [Signature]	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)			
21d. G.A. Cowden		22b. Jan. 23, 1990		22c. 10:15 A.M.			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER): (Type or Print)		23b. LICENSE NUMBER					
23a. G.A. Cowden, Coroner, P.O. Box 218, Minden, Nevada 89423		23b. [Blank]					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. 1-26-90		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				Interval between onset and death			
(b) [Blank]				Interval between onset and death			
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I				26. AUTOPSY (Specify Yes or No)		27. WAS CASE REFERRED TO CORONER (Specify Yes or No)	
PART II				26. yes		27. yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a. [Blank]		28b. [Blank]		28c. M		28d. [Blank]	
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. [Blank]		28f. [Blank]		28g. [Blank]			

STATE REGISTRAR

SEAL No. 011468

By: [Signature]

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

Date Issued:

MAY 23 1990

537626

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 0302 PG 7935



COPY

REQUESTED BY
FIRST AMERICAN TITLE CO.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 MAR 22 AM 11: 20

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LINDA SLATER
RECORDER

\$ 16⁰⁰ PAID K2 DEPUTY

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