

### AFFIDAVIT - DEATH OF JOINT TENANT

JOHN McGILL, of legal age, being first duly sworn, deposes and says:  
 That ROSALEE McGILL, the decedent mentioned in the attached certified copy  
 of Certificate of Death, is the same person as ROSA LEE McGILL  
 named as one of the parties in that certain QUITCLAIM DEED dated JUNE 17, 1993  
 executed by ROSEANN McGILL, AN UNMARRIED WOMAN  
 to ROSEANN McGILL, AN UNMARRIED WOMAN AND JOHN McGILL AND ROSA LEE McGILL, HUSBAND AND WIFE ALL  
 as joint tenants, recorded as Instrument No. 311047, on JUNE 28, 1993, in  
 Book 0693, Page 6302, 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 5, in Block D, as shown on the Official Map of SUNRIDGE UNIT NO. 1-A, filed for record in the Office of the County Recorder of Douglas County, Nevada, on April 15, 1988, in Book 488, Page 1638, as Document No. 176220.

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 \$ \_\_\_\_\_.

Dated March 25, 2002

STATE OF NEVADA

COUNTY OF DOUGLAS

} s.s. John McGill  
JOHN McGILL

This instrument was acknowledged before me on

MARCH 25, 2002

by JOHN McGILL

Kathy Swain  
Notary Public



(This area for official notarial seal)

Title Order No. 00086129

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 JOHN McGILL  
 Street Address WESTERN TITLE  
 City, State Zip 1626 HWY 395  
MINDEN, NV 89423

0539819

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# 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

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last <b>Rosalee MCGILL</b>		2. DATE OF DEATH (Month, Day, Year) <b>October 20, 2001</b>	
3b. CITY, TOWN OR LOCATION OF DEATH <b>Carson City</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>998 Shadow Lane</b>		3e. SEX <b>Female</b>	
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		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) <b>70</b>		7b. UNDER 1 YEAR MOS : DAYS	
7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) <b>February 28, 1931</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Virginia</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
10. Decedent's Education. Specify highest grade completed. <b>19</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
12. SURVIVING SPOUSE (If wife, give maiden name) <b>John R. McGill</b>		13. SOCIAL SECURITY NUMBER <b>215-26-4025</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Registered Nurse</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Medical</b>	
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>	
15c. CITY, TOWN, OR LOCATION <b>Carson City</b>		15d. STREET AND NUMBER <b>998 Shadow Lane</b>	
15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER—NAME First Middle Last <b>Raymond F. Wise</b>	
17. MOTHER—MAIDEN NAME First Middle Last <b>Rosa Church</b>		18a. INFORMANT—NAME (Type or Print) <b>John R. McGill</b>	
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>998 Shadow Lane Carson City, Nevada 89705</b>		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>	
19b. CEMETERY OR CREMATORY—NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City, Nevada</b>	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>9</b>	
20c. NAME AND ADDRESS OF FACILITY <b>Walton's Chapel of the Valley 1281 N. Roop Street, Carson City, Nevada 89706</b>		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) <i>[Signature]</i>	
21b. DATE SIGNED (Mo., Day, Yr.) <b>10 23 01</b>		21c. HOUR OF DEATH <b>0800</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <i>[Signature]</i>	
22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
22d. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. PRONOUNCED DEAD (Hour)	
22f. ON		22g. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>Dr. J. Bower, 844 W. Nye Lane, Carson City, Nevada 89703</b>		23b. LICENSE NUMBER <b>6493</b>	
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>Oct. 24, 2001</b>	
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) <b>Pneumonia</b>		Interval between onset and death <b>2 weeks</b>	
(b) <b>Obtundation</b>		Interval between onset and death <b>3 years</b>	
(c) <b>Multiple Cardiovascular Accidents</b>		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>28a.</b>	
28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY <b>M</b>	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)	
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

No. 206959

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

OCT 24 2001

Date Issued: 0539819

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

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

2002 APR 17 PM 12: 50

LINDA SLATER  
RECORDER

\$16<sup>00</sup> PAID *KJ* DEPUTY

0539819

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