

86846 SL9

APN: 1320-32-713-007

AFFIDAVIT - DEATH OF JOINT TENANT

GEORGE J. HICKEY, of legal age, being first duly sworn, deposes and says:
 That ALYNNE A. HICKEY, the decedent mentioned in the attached certified copy
 of Certificate of Death, is the same person as ALYNNE A. HICKEY
 named as one of the parties in that certain GRANT DEED dated MARCH 10, 1995
 executed by ROBERTA. FALCKE AND JANE C. FALCKE AND ITILDO INC
 to GEORGE J. HICKEY AND ALYNNE A. HICKEY, husband and wife
 as joint tenants, recorded as Instrument No. 359008, on MARCH 29, 1995, in
 Book 395, Page 4696, of Official Records of DOUGLAS
 County, Nevada, covering the following described property situated in the N/A
 County of Douglas, State of Nevada:

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

Lot 7, of the Amended Plat of COTTONWOOD VILLAGE SUBDIVISION, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on May 2, 1994, in Book 594, Page 0005, as Document No. 336504.

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 \$ 10,000.00

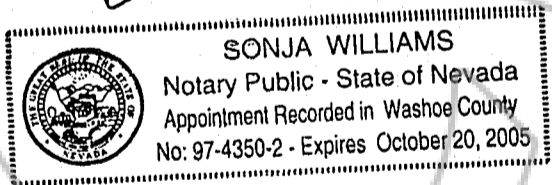
Dated September 5, 2002

STATE OF NEVADA
 COUNTY OF DOUGLAS Washoe

} s.s. George J Hickey
 GEORGE J. HICKEY

This instrument was acknowledged before me on
September 23, 2002
 by GEORGE J. HICKEY

[Signature]
 Notary Public



(This area for official notarial seal)

Title Order No. 00086846 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 GEORGE J. HICKEY
 Street Address 1179 COTTONWOOD STREET #13
 City, State Zip GARDNERVILLE, NV 89410

0553199

BK0902PG09435

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
DECEDENT	1. DECEASED—NAME First Middle Last Aileen A. HICKEY	2. DATE OF DEATH (Month, Day, Year) July 14, 1998
	3b. CITY, TOWN OR LOCATION OF DEATH Gardnerville	3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 1179 #13 Cottonwood Drive
	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) 82	7b. UNDER 1 YEAR MOS : DAYS :
PARENTS	9a. STATE OF BIRTH (If not U.S.A., name country) Montana	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
	13. SOCIAL SECURITY NUMBER 9091	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Telephone Operator
	14b. KIND OF BUSINESS OR INDUSTRY Utility Company	12. SURVIVING SPOUSE (If wife, give maiden name) George J. Hickey
DISPOSITION	15a. RESIDENCE—STATE Nevada	15b. COUNTY Douglas
	15c. CITY, TOWN, OR LOCATION Gardnerville	15d. STREET AND NUMBER #13 Drive
	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	16. FATHER—NAME First Middle Last Cleveland Thomas Newell
	17. MOTHER—MAIDEN NAME First Middle Last Josephine Mae Thompson	18. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 1401, Gardnerville, Nevada 89410
CERTIFIER	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	19b. CEMETERY OR CREMATORY—NAME Walton's Carson Sierra Crematory
	19c. LOCATION City or Town State Carson City, Nevada	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Jimmy Benson</i>
	20b. FUNERAL DIRECTOR LICENSE NUMBER 50	20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 Fourth Street, Minden, Nevada 89423
	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>William O'Shaughnessy MD</i>	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>William O'Shaughnessy MD</i>
CAUSE OF DEATH	21b. DATE SIGNED (Mo., Day, Yr.) 7/15/98	21c. HOUR OF DEATH 0945
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	22b. PRONOUNCED DEAD (Mo., Day, Yr.)
	22c. PRONOUNCED DEAD (Hour)	22d. ON
	22e. AT	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. W. O'Shaughnessy, 911 Mountain Street, Carson City, Nevada 89703
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) <i>Christine Kape</i>	24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 7-16-1998
	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) Renal failure DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death weeks
	(b) Arteriosclerotic heart disease DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death years
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. lifelong cigarette smoker	26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY M
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. 129614

Syonna Sylva

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

Date Issued: **JUL 16 1998**

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

REQUESTED BY
WESTERN TITLE COMPANY, INC.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 SEP 27 PM 12:33

LINDA SLATER
RECORDER

\$15.00 PAID *KJ* DEPUTY

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