86846549 APN: 1320-32-713-007

AFFIDAVIT - DEATH OF JOINT TENANT

		다 마음 마음이 발표 생각이 있는 사람이 가입니다. 이 경우를 하는 것 같아 하는 것이 되었다. 나는 것이 사람이 있다. 그는 사람들은 사람들은 사람들이 되었다면 하는 것이 되었다면 하는 것이 되었다.
GEORGE J. HICKEY	보고 (19일1) 후 보고 하라고 (1997년) 1일 : [20] - 1일 (1997년) [20] - 1일 (1997년)	, of legal age, being first duly sworn, deposes and says:
That ALYNNE A. HICKE		, the decedent mentioned in the attached certified copy
	the same person as ALYNNE A	
named as one of the par	ties in that certain GRANT DEEI	D dated <u>MARCH 10, 1995</u>
executed by ROBERIA.	FALCKE AND JANE C. FALCKE	AND ITILDO INC
to GEORGE J. HICKEY	AND ALYNNE A. HICKEY, husba	and and wife
as joint tenants, recorded	d as Instrument No. <u>359008</u>	, on <u>MARCH 29, 1995,</u> ir
Book <u>395</u>	, Page <u>4696</u>	, of Official Records of DOUGLAS
County, Nevada, coverin	g the following described propert	ty situated in the N/A
	, County of I	Douglas , State of Nevada:
Lot 7, of the Amended	Plat of COTTONWOOD VILLAGE	tate of Nevada, described as follows: E SUBDIVISION, according to the map thereof, filed in the office of the on May 2, 1994, in Book 594, Page 0005, as Document No. 336504.
	•	
That the value of all real described, did not then e	and personal property owned by exceed the sum of \$ 10,000.00	y said decedent at date of death, including the full value of the property
Dated September 5, 200	2	\\
STATE OF NEVADA		Deone 2 Kickly
COUNTY OF DOUGLAS (vashoe	S.S. GEORGE J. HICKEY
This instrument was acknow	wledged before me on	
September	23,2002	
by GEORGE J. HICKEY		
Notan Pu	blic	
1 / 0		
	SONIA WILLIAMS	
Anno	ary Public - State of Nevada	
No: 9	7-4350-2 - Expires October 20, 2005	(This area for official notarial seal)
	/ /	
Title Order No.00086846		Escrow or Loan No.
		CE BELOW THIS LINE FOR RECORDER'S USE
RECORDING R Western Title C		
	CORDED MAIL TO	
GEORGE J. HIC	VOOD STREET #13	
City,State GARDNERVILL	E, NV 8941U	

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

PE PRINT	LOCAL FILE NUMBER	Middle	Last	I DAT	E OF DEATH (Month, Da		STATE FILE NUMBER COUNTY OF DEATH
IN I	DECEASED—NAME First		HICKEY	2.	July 14,		3a Douglas
ANENT CK INK	1. Aileen CITY, TOWN OR LOCATION OF DEA	A. TH HOSPITAL OR O	THER INSTITUTION—Name (If I		d number) If Hosp.	or Inst. indicate DOA	
	^{3b.} Gardnerville	3c. 1170	13 Cottonwood	Drive	3e.	tlent (Specify)	4 Female
DENT	RACE-(e.g., White, Black, American	Was Decedent of Hispania	c Origin? Specify ☐ yes ☐ no If Puerto Rican, etc.	yes, AGE—Last Birthday (Years)	UNDER 1 YEAR MOS • DAYS	UNDER 1 DAY HOURS • MINS	DATE OF BIRTH (Mo., Day, Yr.)
	Indian, etc.) (Specity) 5. White	6.	ruento racan, etc.	7a. 82		and a first than the second of	Wanuary 29, 191
EATH	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT C	OUN- Decedent's Education. grade completed.	Specify highest M. W	ARRIED, NEVER MARRII DOWED, DIVORCED	ED, SURV	VING SPOUSE (If wife, give maiden n
rred in Tution	9a. Montana	9b. U.S.A.		(S 11	Married	12. G	eorge J. Hickey
INDBOOK IRDING	SOCIAL SECURITY NUMBER	USUAL OCCUPATION Working Life, Even if	N (Give Kind of Work Done Durin Retired)	g Most of	(IND OF BUSINESS OR	INDUSTRY	
etion of ICE ITEMS	13. 9091	14a.	Telephone Ope	<u> Lacor</u>	4b. U1	ility Co	mpany INSIDE CITY LIMITS
	RESIDENCE—STATE CO	YTNUC	CITY, TOWN, OR LOCA	ATION	STREET AND NU	MBER#13 Dr	ive (Specify Yes or No)
	> 15a. Nevada 15	DOGGEGO	(, , , , , , , , , , , , , , , , , , , 	rville MOTHER— <i>MAIDEN N</i>		Cottonwoo Middle	
INTS	FATHER—NAME First	Middle					
	16. Cleveland INFORMANT—NAME (Type or Print)	<u>Thomas</u>	Newell		osephine (Street or R.F.D. No.,	Mae City or Town, State	Thompson Zin)
	[Tables 4878 - 공연 20 82 82kg]						
	BURIAL, CREMATION, REMOVAL, OT		ETERY OR CREMATORY—NAM	ent to the cold (1738)	Gardnervi		da 89410 r Town State
				Walton	1 M 6 " M 5 M	Camaa	n City, Nevada
SITION	19a Cremation FUNERA DIRECTOR—SIGNATURE		Carson Sierra ERAL DIRECTOR NAME AND NSE NUMBER				County Mortuary
	(Or Person Acting as Such)	\ ## /* 20 # /* 4 oob	10 10 10 10 10 10 10 10 10 10 10 10 10 1		Street, Mi	i, 	76.
	> 101101000	ge, death occurred at the time		22a	On the basis of examinati	on and/or investigation	on, in my opinion death occurred
	21a. To the best of my knowled due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, EGG ONL NAME OF ATTENDING PH	William C) Shaughne	MIA.	at the time, date and place ature and Title)	e and due to the cal	se(s) and manner stated.
	DATE SIGNED (Mo., Day,		F DEATH		SIGNED (Mo., Day, Yr.)	HOUR	OF DEATH
	SE 21b. 7/15/98	21c.	0945	S 22b.		22c.	
FIER	NAME OF ATTENDING PH	HYSICIAN IF OTHER THAN C		PROI	OUNCED DEAD (Mo., L	Pay, Yr.) PRONG	DUNCED DEAD (Hour)
	은 또 이 21d.			22d.	ON A	22e. A	
	NAME AND ADDRESS OF	CERTIFIER (PHYSICIAN, AT	TTENDING PHYSICIAN, MEDICA			89703	LICENSE NUMBER
	23a Dr W O'S	Shanghnessy	911 Mountain	Street. Ca	rson City,	Nevada	^{23b.} 2838
IONS	REGISTRAR	//	DATE RE	CEIVED BY REGISTR	AR (Mo., Day, Yr.) DEAT	H DUE TO COMMU	NICABLE DISEASE
NY GAVE			7/102 24b.	7-16-19	90 24c.	YES NO√E	1 .
	24a. (Signature)	25H126 KL	. 0 0 - 3 3 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1		10 /2/2 240.		<u> </u>
TO NATE	24a. (Signature) 25. IMMEDIATE CAUSE (ENTER	PRONLY ONE CAUSE PER LI	INF FOR (a), (b), AND (c).)			<u></u>	
IATE SE	24a. (Signature) 25. IMMEDIATE CAUSE (ENTER	R ONLY ONE CAUSE PER LI	NE FOR (a), (b); AND (c).)			•	Interval between onset and death
TO IATE SE 3 THE YING	25. IMMEDIATE CAUSE (ENTER	nonly one cause per li val failu	NE FOR (a), (b), AND (c).)				Interval between onset and death Welcs Interval between onset and death
TO IATE SE 3 THE YING	25. IMMEDIATE CAUSE (ENTER PART (a) ROY DUE TO, OR AS A CO (b) Art	nonly one cause per li Nal failu Insequence of: erios clevo	INE FOR (a), (b), AND (c).)		Sease		Interval between onset and death Weeks Interval between onset and death Years
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IO IIATE SE SE STHE LYING LAST	25. IMMEDIATE CAUSE (ENTER PART (a) ROY DUE TO, OR AS A CO (b) ATT DUE TO, OR AS A CO (c) PART OTHER SIGNIFICANT COI II ACC., SUICIDE, HOM., UNDET., DA OR PENDING INVEST.	NAL FUIL ONE CAUSE PER LI NAL FUIL ON NECUENCE OF: ONSEQUENCE OF:	buting to death but not resulting in Are-HC DE	n the underlying cause of the king of the	Sea Sé	SY (Specify Yes or No)	Interval between onset and death West S Interval between onset and death JECIS Interval between onset and death WAS CASE REFERRED TO CORONER (Specify Yes or No)
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WESTERN TITLE COMPANY, INC.

IN OFFICIAL RECORDS OF DOUGLAS GO., NEVADA

2002 SEP 27 PM 12: 33

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LINDA SLATER
RECORDER

S PAID DEPUTY