1220-15-310-015 ESCROW NO. 020807809

RECORDING REQUESTED BY: STEWART TITLE COMPANY WHEN RECORDED MAIL TO:

LOUGHREY SP# 42 1350 CENTERVILLE LANE GARDNERVILLE, NV 89410

AFFIDAVIT - DEATH OF JOI	NT TENANT
STATE OF NEVADA }	
COUNTY OF DOUGLAS } ss.	~ \ \
JAMES R. LOUGHREY , of legal age	e, being first duly sworn, deposes and says:
	ent mentioned in the attached certified copy
of Certificate of Death, is the same person as MADELINE E. LOUGHE	REY
named as one of the parties in that certain GRANT , BARGAIN , SALE	
executed by DENNIS F. BROUGHTON and CHERYL E. BRO	
to JAMES R. LOUGHREY and MADELINE E. LOUGHREY,	
	July 20, 1989
in Book 789 , Page 2021 , of Official Records of	
County, Nevada, covering the following described property situated in the County, State of Nevada:	OUGLAS
Lot 5, Block J, as shown on the map of GARDNE	PVILLE PANCHOS INTT
NO. 4, filed in the office of the County Reco	
County, Nevada, on April 10, 1967, as Documer	
Assessors Parcel No. 1220-15-310-015	
DATE: November 19, 2002	Vine M James And
	AMES R. LOUGHREY
STATE OF NEVADA }	
COUNTRY OF DOUGLAS } ss.	
COUNTY OF DOUGLAS }	
mi: 12/11/2002	
This instrument was acknowledged before me on 12/11/2002 by JAMES R. LOUGHREY	
by, JAMES R. LOUGHREY	
Signature Karley Kritin	
Notary Public And	
CHARLENE L. HANOVER	
Notary Public - State of Nevada	0561129
Appointment Recorded in County of Douglas	0301143
98-2565-5 My Appointment Expires Jan. 27, 2003	01/ + 0 0 0 00 0 7 7 0 1

0561129 BK 1202 PG 07701



DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH **VITAL STATISTICS**

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

. 1			CERTIFICATI	E OF DEAT	П		1.5			
TVDE /	LOCAL FILE NUMBER DECEASED—NAME First	R Middle	Last		TE OF DEATH (Month	Day Vest	STATE FILE NUI			
TYPE OR PRINT IN	1. Madeli		LOUGHR	}	July 15,	1	3a. Dou			
PERMANENT BLACK INK	CITY, TOWN OR LOCATION OF		THER INSTITUTION—Name (If no		ind number) If Hos	sp. or Inst. indicate		SEX		
	3b. Gardnerville	fuir Drive				Rm. Inpatient (Specify) 3e. 4. Female				
DECEDENT	RACE—(e.g., White, Black, Americ Indian, etc.) (Specify)		c Origin? Specify ☐ yes 🛣 no If ye	s, AGE—Last Birthday (Years)	UNDER 1 YEAR MOS • DAYS	UNDER 1 DAY	Y DATE OF BIRTH			
	5. White	. Corto Fricary Etc.	rican, etc. biringay (Years) MOS Di			7c. 8. July 22, 1929				
IF DEATH OCCURRED IN	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT C	Y grade completed. WIDO			RIED, NEVER MARRIED, OWED, DIVORCED SURVIVING SPOUSE (If wife, give maiden name)				
INSTITUTION SEE HANDBOOK	9a. Massachusett		10. 16				Married 12. James R. Loughrey			
REGARDING COMPLETION OF	SOCIAL SECURITY NUMBER	Working Life, Even if	Retired)	d)		KIND OF BUSINESS OR INDUSTRY				
RESIDENCE ITEMS	13. RESIDENCE—STATE	14a. Registe	14a. Registered Nurse		14b. Medical STREET AND NUMBER INSIDE CITY LIMITS					
L>	15a. Nevada	15b. Douglas	15c. Gardnerv		- N.	Muir Dr	(Specify	Yes or No)		
>	FATHER—NAME First	Middle		TTTE OTHER— <i>MAIDEN N</i>			Viddle	Last		
PARENTS	16. Gerald	G.	Griffin 17		Made1	vn	E. M	oynihan		
	INFORMANT—NAME (Type or Pr.		MAILING ADDRES	Š		lo., City or Town, S				
	18a. James R. Lou	ghrey - Husban	d 18b. 1418 I	Muir Driv	e, Gardne		NV 89410			
	BURIAL, CREMATION, REMOVAL	L, OTHER (Specify) CEM	ETERY OR CREMATORY—NAME		LOC	CATION	City or Town	State		
DISPOSITION	19a. Burial		Oakdale Citize				dale, Cal			
	FUNERAL DIRECTOR—SIGNATU (Or Person Acting) as Such)	A A Z Z Z Z Z	NSE NUMBER	DDRESS OF FACILI	ritzhen	•	son Valle	•		
	20a. 27a. 10 the best of my know		217 20c. Home				11e, NV 8			
	50 /	wledge, death occurred at the time	-, and phase are	\$	76	place and due to th	stigation, in my opinion ne cause(s) and manno	er stated.		
	DATE SIGNED (Mo., I		OF DEATH	SO DAT	nature and Title) E SIGNED (Mo., Day,	Yr.) H	OUR OF DEATH			
	SE 21b. 7/17/10 / 21c. 0330 SE 22b. 22c.					2c.				
CERTIFIER	NAME OF ATTENDIN	G PHYSICIAN IF OTHER THAN	PRO	PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour)						
				22d.		2	2e. AT			
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)									
		H.K. Tang, M.D	., 1107 Hwy 39				23b. 836			
CONDITIONS IF ANY	REGISTRAR		6)	1 1			MMUNICABLE DISEA	.J.C.		
WHICH GAVE RISE TO IMMEDIATE	24a. (Signature) 25. IMMEDIATE CAUSE (EI	NTER ONLY ONE CAUSE PER L	24b. INE FOR (a), (b), AND (c).)	my 17	ने अवस्य 2	4c. YES	Interval between	n onset and death		
CAUSE STATING THE UNDERLYING		Cardio Julianos	Arrut							
UNDERLYING CAUSE LAST	DUE TO, OR AS	A CONSEQUENCE OF:					• Interval betwee	n onset and death		
	(b)	Bruchagenie	Cartinons				:			
7		A CONSEQUENCÉ OF:		/			• Interval betwee	n onset and death		
CAUSE OF	(c)			_			•			
CAUSE OF	1)		buting to death but not resulting in	the underlying cause	ļ	OPSY (Spec Yes or I	No) CORONER (Spe			
- 5		DATE OF INJURY (Mo., Day, Yr.)		CRIBE HOW INJUR	Y OCCUBBED	No	27. Yes			
2 6	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 26a.	1 74	28c. M 28d.	CHILL HOTE BROOK	, COO; IIIED					
2 \+	INJURY AT WORK	28b. PLACE OF INJURY—At home.	farm, street, factory, office LOC	ATION.	STREET OR R.F.D. N	No. CIT	Y OR TOWN	STATE		
	(Specify Yes or No)	building, et	c. (Specify) 28g.				•			
P607	, on the	-//					-1000	0.4		
- 4	SELIKIT OF NOTE	/ /				N	o. 1602	04		
2 2	SPANI URGUS BENNIN AUG									
	and the whole	and the same of th	STATE REGIS	IHAH						

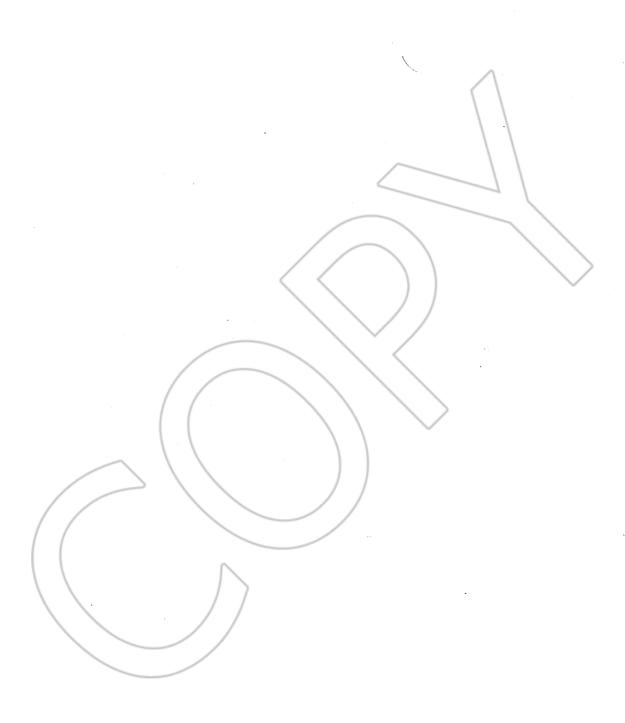
This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued:

JUL 1 9 2000

State Registrar

IN THE STATE OF TH WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



REQUESTED BY
Stewart Title of Douglas County

IN OFFICIAL RECORDS OF DOUGLAS CO. HEVADA

2002 DEC 17 PM 3: 26

LINDA SLATER RECORDER PAID BL DEF

0561129 BK 1202 PG 07703