APN 1320-30-313-002

Recording requested by and when recorded mail to:

William Jac Shaw, Esq. Brooke · Shaw · Zumpft P.O. Box 2860 Minden, Nevada 89423

AFFIDAVIT OF DEATH OF JOINT TENANT

- I, Angela M. Donohue, do hereby swear or affirm under penalty of perjury that the following assertions are true:
 - 1. I am over the age of twenty-one (21) years;
 - 2. I am the surviving spouse of Joseph H. Donohue, deceased;
- 3. The joint tenancy with right of survivorship was created by the Individual Grant Deed recorded on 6 November 1992 as Document No. 292572, in Book 1192, at Page 1026, in the Official Records of the office of the County Recorder of Douglas County, State of Nevada;
- 4. The description of the property that is the subject of this tenancy is specifically described as:

Lot 2, in Block A, as shown on the map of WESTWOOD VILLAGE UNIT NO. 4, PHASE A, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 29, 1992, in Book 992, Page 5212, as Document No. 289477.

 On the 3rd day of June, 2002, Joseph H. Donohue died in Carson City, State of Nevada. A certified copy of the Death Certificate is attached;

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1

- 6. The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as the Joseph H. Donohue named as one of the property owners as a joint tenant in the above-described property;
 - 7. I am the surviving joint tenant;
- 8. The foregoing is made and based upon my own personal knowledge except as to those matters which are based on information and belief, and as to such matters, I believe them to be true. In the event I were called upon to do so, I would and could competently testify as to the foregoing.

DATED this 13 day of January, 2003.

angela M. Donohere

ANGELA M. DONOHUE

SUBSCRIBED and SWORN to before me this 3 day of January, 2003.

Ruch an Brandenburg Notary Public RUTH ANN BRANDENBURG
Notery Public - State of Neverda
Appointment Recorded in Douglas County
No. 01-89821-5 - EXPIRES MAY 8, 2005

Mail Tax Statements to: Angela M. Donohue 869 Longleaf Drive Minden, Nevada 89423

2

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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
TYPE	DECEASED—NAME First	Middle	Last	DATE OF DEATH	(Month, Day, Year)	COUNTY OF DEATH
OR PRINT IN PERMANENT	. Joseph	н.	DONOHUE	2 June 3		3a. Carson City
BLACK INK	CITY TOWN OR LOCATION OF D		ER INSTITUTION—Name (If not eith	er, give street and number)	If Hosp, or Inst, indicate DOA Rm, Inpatient (Specify)	OP/Emer. SEX
DECEDENT	_{3b.} Carson City	· ·			30. Inpatient	4. Male
DECEDENT	RACE—(e.g., White, Black, America Indian, etc.) (Specify) 5. White	an Was Decedent of Hispanic O specify Mexican, Cuban, Pue	mt of Hispanic Origin? Specify ☐ yes ☆ no If yes, AGE—Las Birthday (Ya. 83		DAYS HOURS MINS	December 14, 1918
renetT)	STATE OF BIRTH	CITIZEN OF WHAT COU	IN- Decedent's Education. Speci	fy highest MARRIED, NEVE	R MARRIED, SURVI	VING SPOUSE (II wife, give maiden name)
if Death Occurred in Institution	(If not U.S.A., name country) 9a. Maryland	9b. U.S.A.	grade completed.	(Specify) Mar		ngela Saggese
SEE HANDBOOK Regarding	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (C Working Life, Even if Bet	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		NESS OR INDUSTRY	\
COMPLETION OF RESIDENCE ITEMS	13. 6301	14a.	Engineer		gineering	Turing Processing
L	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	869	TAND NUMBER Longleaf Pla	Ce (Specify Yes or No)
_	Nevada	15b. Douglas Middle	15c. Minden	15d. ER— <i>MAIDEN NAME</i> F	irst Middle	15e. Yes
PARENTS			onohue 17.	Marv		Wiessner
-	INFORMANT—NAME (Type or Prin		MAILING ADDRESS	-	.F.D. No., City or Town, State,	
DISPOSITION	18a Angela Donoh	ue - Wife	18b. 869 Lon	gleaf Place,	Minden, NV 8	9423
	BURIAL, CREMATION, REMOVAL,	OTHER (Specify) CEMETE	ERY OR CHEMATORY—NAME		LOCATION City o	Town Stale
	_{19a.} Cremation		FitzHenrys Crem			City, Nevada
	FUNERAL DIRECTOR—SIGNATUR (Or Person, Citing as Such)	FUNERALICENSI	AL DIRECTOR NAME AND ADDR			
	20a. Manual	20b. 21		1380 Hwy 39	5, Gardnervil	Le, NV 89410
	21a The best of my knowl	ledge, death occurred at the time is		18-		n, in my opinion death occurred se(s) and manner stated.
	219 due to the couse(s) state of the couse(s		DEATH CONTRACT	(Signature and Title)	, Day, Yr.) HOUR	OF DEATH
	21b. (~ 2~	\sim	350	9 E 22b.	22c.	
CERTIFIER	NAME OF ATTENDING	PHYSICIAN IF OTHER THAN CER		PRONOUNCED DE	AD (Mo., Day, Yr.) PRONO	UNCED DEAD (Hour)
	Fig. 21d.			22d, ON	22a. A1	•
	NAME AND ADDRESS	OF CERTIFIER (PHYSICIAN, ATTE	NDING PHYSICIAN, MEDICAL EXA			LICENSE NUMBER
	23a Lee Van	Epps, M.D., 604	W. Washington,	Carson City,	NV 89703	236. 5904
CONDITIONS	REGISTRAR	/	DATE RECEIVE	D BY REGISTRAR (Mo., Day, 1	(r.) DEATH DUE TO COMMU	NICABLE DISEASE
IF ANY WHICH GAVE RISE TO	24a. (Signature)	& Kapano	Cep 246. July	25,2002	24c. YES NO	Interval between onset and death
IMMEDIATE CAUSE	25. IMMEDIATE CAUSE (EN.	TER ONLY ONE CAUSE HER LINE	HJH (a). (b), AND (c))	المدالان		HIRINAL ORIMERI Dilbet and Obalit
STATING THE UNDERLYING CAUSE LAST	PART (a) UE FQ. OR ASTA	CONSEQUENCE OF:	www.ya	www		interval between onset and death
I	L. JAdromis Cardinhusonthu					
>	DUE TO, OR AS A	CONSEQUENCE OF:	NO WILLIAM TO	TOPOS	7	Interval between onset and death
	(c)	\	(/		
CAUSE C	PART OTHER SIGNIFICANT (CONDITIONS - Conditions contributi	ng to death but not resulting in the u	nderlying cause given in Rart to	Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
翠。		1.0	OUR OF INVERSE	E HOW INJURY OCCURRED	26. No	er. Yes
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.) HO		E NOW INJUNT COCOMIED		
/౮		28b. 28 PLACE OF INJURY—At home, fam		N. STREET OR R	.F.D. No. CITY OR	TOWN STATE
6 —	(Specify Yes or No)	building, etc. (5				

STATE REGISTRAR

No. 218992



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

JUN 0 5 2002

Date Issued:

FIELDS INVESTIGATION INVESTIGATION WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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