

12  
APN: 1320-32-812-015

### AFFIDAVIT - DEATH OF JOINT TENANT

EARL THOMAS ROOKEY \_\_\_\_\_, of legal age, being first duly sworn, deposes and says:  
 That CATHERINE MURTAGH-ROOKEY \_\_\_\_\_, the decedent mentioned in the attached certified copy  
 of Certificate of Death, is the same person as CATHERINE WILLIAMSON MURTHAGH \_\_\_\_\_  
 named as one of the parties in that certain GRANT, BARGAIN AND SALE DEED dated JUNE 27, 2001  
 executed by WILLIAM H. ROADY AND BEVERLY A. ROADY, HUSBAND AND WIFE \_\_\_\_\_  
 to EARL THOMAS ROOKEY AND CATHERINE MURTAGH-ROOKEY, HUSBAND AND WIFE \_\_\_\_\_  
 as joint tenants, recorded as Instrument No. 0518327 \_\_\_\_\_, on JULY 16, 2001 \_\_\_\_\_, in  
 Book 0701 \_\_\_\_\_, Page 3398 \_\_\_\_\_, 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 15, in Block A, as set forth on final map for GARDEN GLEN PATIO HOMES, a Planned Unit Development #2000, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 6, 1996, Book 696, Page 789, as Document No. 389450.

A.P.N. 1320-32-812-015

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 FEBRUARY 19, 2003 \_\_\_\_\_

STATE OF NEVADA

COUNTY OF DOUGLAS

} *Earl Thomas Rookey*  
 S.S. EARL THOMAS ROOKEY

This instrument was acknowledged before me on  
 February 19, 2003 \_\_\_\_\_,  
 by Earl Thomas Rookey \_\_\_\_\_.

*Kathy Swain*  
 Notary Public



(This area for official notarial seal)

Title Order No. 00084812

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 **EARL THOMAS ROOKEY**  
 Street Address **P.O. BOX 391**  
 City, State Zip **MINDEN, NV 89423**

0567520

0924032/19/03

BK 0203 PG 07384



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF SAN FRANCISCO  
CERTIFICATE OF DEATH

3 2002 38 006150

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITECOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST (GIVEN) <b>Catherine</b>		2. MIDDLE <b>Williamson</b>		3. LAST (FAMILY) <b>Murtagh</b>			
4. DATE OF BIRTH MM/DD/CCYY <b>05/24/1939</b>		5. AGE YRS. <b>63</b>		6. SEX <b>F</b>		7. DATE OF DEATH MM/DD/CCYY <b>12/12/2002</b>	
8. STATE OF BIRTH <b>Scotland</b>		10. SOCIAL SECURITY NO. <b>6891</b>		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS <b>Married</b>	
14. RACE <b>Caucasian</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>Acsia Insurance</b>			
17. OCCUPATION <b>Insurance Underwriter</b>		18. KIND OF BUSINESS <b>Long Term Care Insurance</b>		19. YEARS IN OCCUPATION <b>13</b>			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>1473 Garden Glen Court</b>							
21. CITY <b>Gardenville</b>		22. COUNTY <b>Douglas</b>		23. ZIP CODE <b>89410</b>		24. YRS IN COUNTY <b>4</b>	
25. STATE OR FOREIGN COUNTRY <b>Nevada</b>							
26. NAME, RELATIONSHIP <b>Earl Rookey - Husband</b>				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>705 Gonzales Drive, San Francisco, CA 94132</b>			
29. NAME OF SURVIVING SPOUSE—FIRST <b>Earl</b>		29. MIDDLE <b>Thomas</b>		30. LAST (MAIDEN NAME) <b>Rookey</b>			
31. NAME OF FATHER—FIRST <b>William</b>		32. MIDDLE <b>Harrison</b>		33. LAST <b>Bryden</b>		34. BIRTH STATE <b>Scotland</b>	
35. NAME OF MOTHER—FIRST <b>Margaret</b>		36. MIDDLE <b>McLarty</b>		37. LAST (MAIDEN) <b>McClymont</b>		38. BIRTH STATE <b>Scotland</b>	
39. DATE MM/DD/CCYY <b>12/19/2002</b>		40. PLACE OF FINAL DISPOSITION <b>Res: Earl Rookey, 705 Gonzales Drive, San Francisco, CA 94132</b>					
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <i>Stephen Muller</i>		43. LICENSE NO. <b>8754</b>			
44. NAME OF FUNERAL DIRECTOR <b>Duggan's Serra Mortuary</b>		45. LICENSE NO. <b>FD 1098</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Mitchell Katz</i>		47. DATE MM/DD/CCYY <b>12/19/2002</b>	
101. PLACE OF DEATH <b>CPMC Pacific Campus</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY <b>San Francisco</b>	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>2333 Buchanan Street</b>		108. CITY <b>San Francisco</b>					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		109. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
IMMEDIATE CAUSE (A) <b>Cardiac Arrest</b>		Mins.		110. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (B) <b>Ischemic Legs</b>		Days		111. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C) <b>Severe Atherosclerosis</b>		Years		112. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
DUE TO (D)							
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>Severe Coronary Artery and Peripheral Vascular Disease, Urinary Tract Infection</b>							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>None</b>							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEASED ATTENDED SINCE DECEASED LAST SEEN ALIVE MM/DD/CCYY <b>01/15/2002 12/12/2002</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>John Long</i>		116. LICENSE NO. <b>G40974</b>		117. DATE MM/DD/CCYY <b>12/17/02</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>John Long, MD, 3838 California Street, San Francisco, CA 94118</b>							
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY		122. HOUR	
123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR							

0567520  
RK0203PG07385

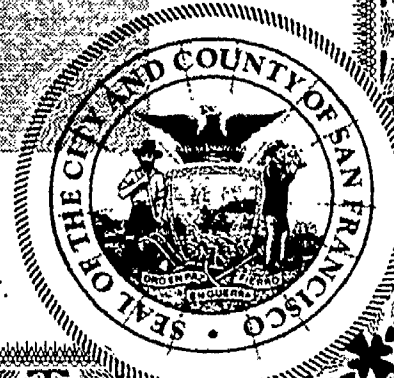
3802692286 STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO

This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued.

DATE ISSUED **DEC 23 2002**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.

*Mitchell Katz*  
Mitchell Katz, M.D.  
Health Officer and Local Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE







COPY

REQUESTED BY  
*Earl Rooker*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

2003 FEB 19 PM 2:16

WERNER CHRISTEN  
RECORDER

\$ *17.00* PAID *Kg* DEPUTY

0567520

BK0203PG07387

