

A.P.N.# 1220-17-515-023  
ESCROW NO. 030800202

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

**DONOHUE**  
**869 LONGLEAF PLACD**  
**MINDEN, NV 89423**

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA }  
                                      } ss.  
COUNTY OF DOUGLAS }

**ANGELA DONOHUE** \_\_\_\_\_, of legal age, being first duly sworn, deposes and says:  
That **JOSEPH H. DONOHUE** \_\_\_\_\_, the decedent mentioned in the attached certified copy  
of Certificate of Death, is the same person as **JOSEPH H. DONOHUE** \_\_\_\_\_  
named as one of the parties in that certain **DEED OF TRUST** \_\_\_\_\_ dated **December 18, 2001**  
executed by \_\_\_\_\_  
to \_\_\_\_\_  
as joint tenants, recorded as Instrument No. **0531190** \_\_\_\_\_, on **December 28, 2001**  
in Book **1201** \_\_\_\_\_, Page **9917-9919** \_\_\_\_\_, of Official Records of **DOUGLAS**  
County, Nevada, covering the following described property situated in the **DOUGLAS**  
County, State of Nevada:

Lot 193, in Block A, as shown on the final map of PLEASANTVIEW  
SUBDIVISION PHASE 9, Final Map #LDA 00-027, filed for record in the Office  
of the County Recorder of Douglas County, State of Nevada, on September 17, 2001  
in Book 901, Page 3761, as Document No. 522892 and by Certificate of Amendment  
recorded February 12, 2002 in Book 0202, Page 4226 as Document No. 0534615,  
Official Recorder of Douglas County, Nevada


DATE: **February 10, 2003**

*Angela M. Donohue*  
\_\_\_\_\_  
**ANGELA DONOHUE**

STATE OF NEVADA }  
                                      } ss.  
COUNTY OF DOUGLAS }

This instrument was acknowledged before me on \_\_\_\_\_ February, 10, 2003  
by **ANGELA DONOHUE** \_\_\_\_\_  
\_\_\_\_\_

Signature *Charlene L. Hanover*  
\_\_\_\_\_  
Notary Public

 **CHARLENE L. HANOVER**  
NOTARY PUBLIC  
STATE OF NEVADA  
Appt. Recorded in Douglas County  
My Appt. Expires February 3, 2007  
No: 98-2565-5

**0578317**  
**BK0503PG15381**

# 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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
	1. Joseph H. DONOHUE				2. June 3, 2002	3a. Carson City
DECEDENT	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)			If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX
	3b. Carson City	3c. Carson Tahoe Hospital			3e. Inpatient	4. Male
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
	5. White	6.	7a. 83	7b. :	7c. :	8. December 14, 1918
PARENTS	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	
	9a. Maryland	9b. U.S.A.	10. 6	11. Married	12. Angela Saggese	
DISPOSITION	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY			
	13. 218-03-6301	14a. Engineer	14b. Engineering			
CERTIFIER	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
	15a. Nevada	15b. Douglas	15c. Minden	15d. 869 Longleaf Place	15e. Yes	
CAUSE OF DEATH	FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last				
	16. John J. Donohue	17. Mary Wiessner				
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
	18a. Angela Donohue - Wife	18b. 869 Longleaf Place, Minden, NV 89423				
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State			
	19a. Cremation	19b. FitzHenry's Crematory	19c. Carson City, Nevada			
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY			
	20a. <i>[Signature]</i>	20b. 217	20c. Home, 1380 Hwy 395, Gardnerville, NV 89410			
CAUSE OF DEATH	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>[Signature]</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.		
	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
CAUSE OF DEATH	21b. 6-3-02	21c. 0350	22b.		22c.	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
CAUSE OF DEATH	21d.		22d. ON		22e. AT	
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)					LICENSE NUMBER
CAUSE OF DEATH	23a. Lee Van Epps, M.D., 604 W. Washington, Carson City, NV 89703					23b. 5904
	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE			
CAUSE OF DEATH	24a. <i>[Signature]</i>	24b. June 5, 2002	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
CAUSE OF DEATH	PART I (a) Congestive heart failure	Interval between onset and death				
	(b) Ischemic cardiomyopathy	Interval between onset and death				
CAUSE OF DEATH	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I				AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
					26. No	27. Yes
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
	28a.	28b.	28c.	28d.		
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE
	28e.	28f.	28g.			

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

BK 0103PG07894

564510



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.

Date Issued 0578317

JUN 05 2002

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 0503PG15382

COPY

REQUESTED BY  
**Stewart Title of Douglas County**

IN OFFICIAL RECORDS OF  
DOUGLAS COUNTY, NEBRASKA

2003 MAY 30 AM 9: 37

RECORDED  
RECORDER

PAID KD DEPUTY

0578317

BK0503PG15383