

**RECORDING REQUESTED BY:**

Chicago Title Company  
Escrow No.: 05-58600164-SM  
Locate No.: CAIND0000-7701-5586-  
Title No.:

**OFFICIAL RECORD**

Requested By:  
FIRST AMERICAN TITLE

**When Recorded Mail Document To:**

Angela Farley  
764 Sunburst Court  
Gardnerville, NV 89460

Douglas County - NV  
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-0605 PG- 771 RPTT: 0.00



#2205855-WS

APN: 1220-21-110-067

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF CALIFORNIA,

COUNTY OF Douglas,

**Angela Farley**, of legal age, being first duly sworn, and deposes and says:

That **Thomas James Farley**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Thomas James Farley** named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated **September 18, 2000** executed by **Paul E. Peterson and Riikka Peterson, Husband and Wife to Angela Farley and Thomas James Farley**, as Joint Tenants, recorded as instrument no. **0501013**, on **October 9, 2000**, in Book **1000**, Page **1438**, of Official Records of **Douglas** County, Nevada, covering the following described property situated in the City of **Gardnerville**, County of **Douglas**, State of **Nevada**.

DATED: May 24, 2005

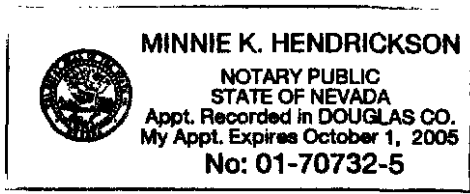
State of ~~California~~ Nevada *AK*

County of Douglas

Subscribed and sworn to (or affirmed) before me on  
this 26<sup>th</sup> day of May, 2005,  
by Angela Farley

*Angela Farley*  
\_\_\_\_\_  
Angela Farley

personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Signature *Minnie K. Hendrickson* (seal)

*A*  
*CTC* 58600164  
LIVI SAM

# 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

|  |  |   |  |  |                   |
|--|--|---|--|--|-------------------|
| LOCAL FILE NUMBER  |  | DECEASED—NAME   |  | DATE OF DEATH (Month, Day, Year)   | STATE FILE NUMBER |
| 1. Thomas J. FARLEY  |  | 2. December 17, 2001  |  | 3a. Carson City  |                   |
| CITY, TOWN OR LOCATION OF DEATH  |  | HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)  |  | SEX  |                   |
| 3b. Carson City  |  | 3c. Evergreen Health and Rehab Center   |  | 3e. Inpatient 4. Male  |                   |
| 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)  |                   |
| 5. White   |  | 6.  |  | 7a. 81   |                   |
| STATE OF BIRTH (If not U.S.A., name country)   |  | CITIZEN OR WHAT COUNTRY   |  | Decedent's Education. Specify highest grade completed.                       |                   |
| 9a. California   |  | 9b. U.S.A.  |  | 10. 14   |                   |
| SOCIAL SECURITY NUMBER   |  | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)  |  | KIND OF BUSINESS OR INDUSTRY   |                   |
| 13. [REDACTED]-2080  |  | 14a. Truck Driver   |  | 14b. Beef Industry   |                   |
| RESIDENCE—STATE  |  | COUNTY  |  | CITY, TOWN, OR LOCATION  |                   |
| 15a. Nevada  |  | 15b. Douglas  |  | 15c. Gardnerville  |                   |
| FATHER—NAME  |  | MOTHER—MAIDEN NAME  |  | STREET AND NUMBER  |                   |
| 16. William Farley   |  | 17. Bessie Loftus   |  | 15d. 764 Sunburst Ct.  |                   |
| INFORMANT—NAME (Type or Print)   |  | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)  |  |  |                   |
| 18a. Angela Farley - Wife  |  | 18b. 764 Sunburst Court, Gardnerville, NV 89410   |  |  |                   |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify)  |  | CEMETERY OR CREMATORY—NAME  |  | LOCATION City or Town State  |                   |
| 19a. Cremation   |  | 19b. FitzHenry's Crematory  |  | 19c. Carson City, Nevada   |                   |
| FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)  |  | FUNERAL DIRECTOR LICENSE NUMBER   |  | NAME AND ADDRESS OF FACILITY   |                   |
| 20a. [Signature]   |  | 20b. 217  |  | 20c. FitzHenry's Funeral Home<br>833 N. Edmonds Drive, Carson City, NV 89701 |                   |
| 21a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated.<br>(Signature and Title) [Signature]<br>DATE SIGNED (Mo., Day, Yr.) 12/17/01<br>HOUR OF DEATH 0610 |  | 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.<br>(Signature and Title) [Signature]<br>DATE SIGNED (Mo., Day, Yr.)<br>HOUR OF DEATH |  |  |                   |
| 21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)   |  | 22b. PRONOUNCED DEAD (Mo., Day, Yr.)  |  |  |                   |
| 21c. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)   |  | 22c. PRONOUNCED DEAD (Hour)   |  |  |                   |
| 23a. Laurence G. Gay, M.D., 3050 N. Ormsby Blvd, Carson City, NV   |  | 22d. AT   |  |  |                   |
| 23b. LICENSE NUMBER 5152   |  | 22e. ON   |  |  |                   |
| REGISTRAR  |  | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  |  | DEATH DUE TO COMMUNICABLE DISEASE  |                   |
| 24a. [Signature]   |  | 24b. Dec 18 2001  |  | 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>     |                   |
| 25. IMMEDIATE CAUSE  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |  |                   |
| PART I (a) Metastatic colorectal cancer  |  | One year  |  |  |                   |
| DUE TO, OR AS A CONSEQUENCE OF:  |  | Interval between onset and death  |  |  |                   |
| (b)  |  | Interval between onset and death  |  |  |                   |
| (c)  |  | Interval between onset and death  |  |  |                   |
| PART II 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)                             |                   |
| 28. CAD HTN H/O DVT x 2  |  | 28. No  |  | 27. Yes  |                   |
| ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)   |  | DATE OF INJURY (Mo., Day, Yr.)  |  | HOUR OF INJURY   |                   |
| 28a.   |  | 28b.  |  | 28c.   |                   |
| 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.   |                   |

STATE REGISTRAR

No. 216067



BK- 0605  
PG- 772

0645883 Page: 2 of 3 06/02/2005

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

DEC 18 2001

Date Issued:

*Yvonne Sylva*

State Registrar

EXHIBIT "A"  
LEGAL DESCRIPTION

LOT 10, AS SHOWN ON THE FINAL MAP OF TILLMAN ESTATES, FILED IN THE  
OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON APRIL  
12, 1994 IN BOOK 494, PAGE 2192, AS DOCUMENT NO. 334956.

