

APN: 1022-15-001-001  
Escrow No. 00154039 - DC

When Recorded Return to:

**JOYCE A. NOLAN**  
3800 WALKER VIEW ROAD  
WELLINGTON, NV 89444

DOC # 0680172  
07/20/2006 03:07 PM Deputy: GB

**OFFICIAL RECORD**

Requested By:

FIRST CENTENNIAL TITLE CO OF

NV

Douglas County - NV

Werner Christen - Recorder

Page: 1 of 2 Fee: 15.00  
BK-0706 PG- 6939 RPTT: 0.00



SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA } ss:  
COUNTY OF CARSON CITY

JOYCE A. NOLAN, of legal age, being duly sworn, deposes and says

That THOMAS E. NOLAN the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as THOMAS E. NOLAN named as one of the parties in that certain Grant, Bargain and Sale Deed dated October 17, 1991 executed by JO ANN KEENAN and JEROME L. KEENAN to THOMAS E. NOLAN and JOYCE A. NOLAN, husband and wife as joint tenants, recorded as Instrument No. 263644, on October 25, 1991 in Book 1091 Page 4542 of Official Records of Douglas County, Nevada, covering the following described property.

**Lot 11, in Block E, of TOPAZ RANCH ESTATES, UNIT NO. 4, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on November 16, 1970, in Book 81, Page 214, as Document No. 50212.**

Dated: July 14, 2006

  
JOYCE A. NOLAN

SUBSCRIBED AND SWORN TO before me on this 14 day of July, 2006.

  
NOTARY PUBLIC



SPACE BELOW FOR RECORDER

# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

## VITAL STATISTICS

Reno, Nevada

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

ROLL 116 IMAGE 882

LOCAL FILE NUMBER

91

STATE FILE NUMBER

<b>DECEDENT</b>	1. DECEASED—NAME First Middle Last <b>Thomas Edgar NOLAN</b>		2. DATE OF DEATH (Month, Day, Year) <b>2 January 9, 2005</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
	3b. CITY, TOWN OR LOCATION OF DEATH <b>Reno</b>			3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>Washoe Medical Center</b>		3e. SEX <b>Male</b>
<b>IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS</b>	5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify Mexican, Cuban, Puerto Rican, etc.)		7. AGE—Last Birthday (Years) MOS : DAYS UNDER 1 YEAR UNDER 1 DAY <b>7a. 70 7b. : 7c. :</b>	
	8. DATE OF BIRTH (Mo., Day, Yr.) <b>Nov. 29, 1934</b>		9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		10. Decedent's Education. Specify highest grade completed. <b>14 Years</b>	
<b>PARENTS</b>	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			12. SURVIVING SPOUSE (If wife, give maiden name) <b>Joyce Springer</b>		
	13. SOCIAL SECURITY NUMBER <b>9416</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Data Processing Supervisor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Avon Products Company</b>	
<b>DISPOSITION</b>	15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN, OR LOCATION <b>Wellington</b>	
	15d. STREET AND NUMBER <b>Walker View Rd. 3800</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
<b>CERTIFIER</b>	16. FATHER—NAME First Middle Last <b>George Lorne Nolan Sr.</b>			17. MOTHER—MAIDEN NAME First Middle Last <b>Florence Sylvia Frantsen</b>		
	18a. INFORMANT—NAME (Type or Print) <b>Joyce A. Nolan - Wife</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>3800 Walker View Road, Wellington, NV 89444</b>		
<b>CAUSE OF DEATH</b>	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY—NAME <b>FitzHenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City, Nevada</b>	
	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, NV 89410</b>	
<b>CAUSE OF DEATH</b>	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. (Signature and Title) <i>[Signature]</i>		
	21b. DATE SIGNED (Mo., Day, Yr.) <b>1/12/05</b>		21c. HOUR OF DEATH <b>16:18</b>		22b. DATE SIGNED (Mo., Day, Yr.)	
<b>CAUSE OF DEATH</b>	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Jeffery P. Bacon MD, 236 W. 6th #100, Reno, NV 89503</b>				22c. HOUR OF DEATH	
	21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) <b>Jeffery P. Bacon MD, 236 W. 6th #100, Reno, NV 89503</b>				22d. PRONOUNCED DEAD (Mo., Day, Yr.)	
<b>CAUSE OF DEATH</b>	23a. REGISTRAR <i>[Signature]</i>		23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>January 14, 2005</b>		23c. LICENSE NUMBER <b>8951</b>	
	24a. (Signature) <i>[Signature]</i>		24b. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		24c. INTERVAL BETWEEN ONSET AND DEATH	
<b>CAUSE OF DEATH</b>	25. IMMEDIATE CAUSE (ENTER ONE OR MORE CAUSES PER LINE FOR (a), (b), AND (c).)					
	PART I (a) <b>Stroke.</b>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
<b>CAUSE OF DEATH</b>	PART I (b)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
	PART I (c)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
<b>CAUSE OF DEATH</b>	26. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.				27. ALTOPSY (Specify Yes or No) <b>NO</b>	
	28. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)				29. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>NO</b>	
<b>CAUSE OF DEATH</b>	28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED:	
	28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION		28g. STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

No. 280436

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

*Debra Lee Hunt*

JAN 26 2005

Deputy Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



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