

Assessor's Parcel Number: 142007-818-011

Recording Requested By:

Name: FRANK D. ROURKE

Address: 968 LEHIGH CIR

City/State/Zip CARSON CITY NV 89705

Real Property Transfer Tax: _____

DOC # **0682981**
08/24/2006 02:56 PM Deputy: GB
OFFICIAL RECORD
Requested By:
FRANK ROURKE

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0806 PG-9503 RPTT: 0.00



AFFIDAVIT - DEATH OF JOINT TENANT
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

RECORDING REQUESTED BY:
We The People
WHEN RECORDED MAIL TO:
Francis D. Rourke
968 Lehigh Circle
Carson City, NV 89705

AFFIDAVIT - DEATH OF JOINT TENANT

APN: 13-281-14

State of Nevada }
County of Carson }

Francis David Rourke, of legal age, being first duly sworn, deposes and says:

That Sally Jane Rourke, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Sally J. Rourke named as one of the parties in that certain deed recorded April 25, 1994 executed on April 21, 1994 by Birch A. Ober and Lois M. Ober, Husband and Wife as Joint Tenants, to Frank D. Rourke and Sally J. Rourke, Husband and Wife as Joint Tenants with Rights of Survivorship, recorded as Instrument No. 335902, Book 0494, Page 4545, in Douglas County, Nevada
Commonly known as: 968 Lehigh Circle, Carson City, NV 89705

Described as: Lot 14, in Block A, of IMPALA MOBILE HOME ESTATES, UNIT TWO, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 7, 1982, in Book 482 of Maps, Page 366, as File No. 66654.

With all appurtenances, subject to covenants, easements and restrictions of record.

Date 8-23-06

Francis David Rourke
Francis David Rourke

State of Nevada }
County of Carson }

On Aug 23, 2006 before me, Heather Leverton-Griffin, a notary public in and for said state, personally appeared Francis David Rourke personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same in her authorized capacity and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal.

Heather Leverton-Griffin
Notary Public



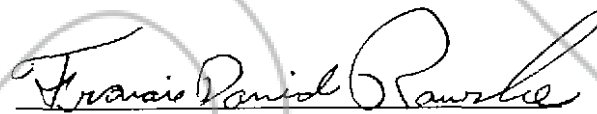
VERIFICATION

I, the undersigned, say:

I am the declarant in this proceeding; the statements in the affidavit are true to my knowledge, except as to the matters that are stated in it on my information and belief, and as to those matter, I believe it to be true.

I declare under penalty of perjury under the laws of the State of Nevada that the above is true and correct.

Executed on August 23rd, 2006, at Carson City, Nevada


Francis David Rourke, Declarant

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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
DECEDENT
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF CERTIFICATE OF DEATH ITEMS
RENTS
POSITION
CERTIFIER
CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH
USE OF EATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Sally Jane ROURKE		2. March 5, 2006	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Carson City		3a. Carson City	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify)	
3c. Carson Tahoe Regional Medical Center		3e. Inpatient	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. White		4. Female	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		DATE OF BIRTH (Mo., Day, Yr.)	
6.		December 12, 1932	
AGE—Last Birthday (Years)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
7a. 73		11. Married	
CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (If wife, give maiden name)	
9a. U.S.A.		12. Frank D. Rourke	
SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
13. 5071		14b. Dentistry	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		RESIDENCE—STATE	
14a. Dental Hygienist		15a. Nevada	
CITY, TOWN, OR LOCATION		COUNTY	
15c. Carson City		15b. Douglas	
STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15d. 968 Lehigh Circle		15e. No	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Bruce Carter		17. Blanche Theobald	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Frank D. Rourke		18b. 968 Lehigh Circle, Carson City, Nevada 89705	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		18b. Walton's Sierra Crematory	
LOCATION City or Town State		18c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. Jimmy Demore		20b. 09	
NAME AND ADDRESS OF FACILITY		20c. 1281 N. Roop St., Carson City, Nevada 89706	
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) DATE SIGNED (Mo., Day, Yr.)		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) DATE SIGNED (Mo., Day, Yr.)	
21b. 3/6/06		22b. 3/6/06	
HOUR OF DEATH		HOUR OF DEATH	
21c. 22:06		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. Ali Bawamia, M.D., 1600 Medical Parkway, Carson City, NV		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Ali Bawamia, M.D., 1600 Medical Parkway, Carson City, NV		23b. 9431	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. (Signature) Jaime Evans		24b. March 7, 2006	
DEATH DUE TO COMMUNICABLE DISEASE		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) Acute pulmonary embolism		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Cardiorespiratory arrest		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		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)	
		26. No	
		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
		27. No	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
		LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
		28g.	

STATE REGISTRAR

No. 336108

106255

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: MAR - 1 2006

This copy is not valid unless prepared on engraved paper.

0682981

Page: 4 OF 4

BK- 0806
PG- 9506
08/24/2006

