

ALLISON, MACKENZIE, PAVLAKIS  
ETAL  
Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-0809 PG- 5244 RPTT: 0.00



APN: 1420-07-310-012  
When recorded return to:  
✓ JOEL W. LOCKE, ESQ.  
ALLISON, MacKENZIE, PAVLAKIS,  
WRIGHT & FAGAN, LTD.  
P.O. Box 646  
Carson City, NV 89702

Affiant's Address/Mail Tax Statements To:  
JOAN N. MALLY  
1025 S. Minnesota Street  
Carson City, NV 89703

The party executing this document hereby affirms  
that this document submitted for recording does  
contain the social security number of deceased  
persons as required pursuant to NRS 440.380.

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA )  
  : ss.  
CARSON CITY      )

JOAN N. MALLY does hereby subscribe and swear under penalty of perjury that  
the following assertions are true:

1. That WILLIAM P. MALLY, was a grantee in that certain GRANT,  
BARGAIN and SALE DEED dated February 23, 1989, wherein MARIE G. NEMETH, is the  
grantor, and WILLIAM P. MALLY and JOAN N. MALLY, husband and wife as joint tenants,  
are the grantees, conveying to said grantees that certain lot, piece or parcel of land situate in  
Douglas County, State of Nevada, and more particularly described as follows:

Lot 11, in Block E, as shown on the map of VISTA GRANDE  
SUBDIVISION UNIT NO. 1, according to the official map filed  
in the office of the Recorder of Douglas County, State of Nevada  
on November 9, 1964, as Document No. 26518.

2. That said Deed was recorded on March 8, 1989 in the Official Records of Douglas County, Nevada, as File No. 197801.

3. That WILLIAMP. MALLY, one of the grantees in said Deed, died on May 27, 2009, in Carson City, State of Nevada, and is the identical person named in that certified copy of death certificate attached hereto and incorporated herein by this reference.

4. That the affiant is the surviving spouse of the decedent.

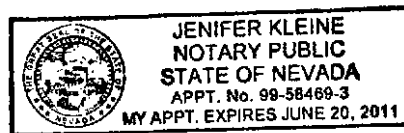
5. That this affidavit is executed pursuant to NRS 111.365.

DATED on aug 20, 2009.

Joan N. Mally  
JOAN N. MALLY

On August 20, 2009, personally appeared before me, a notary public, JOAN N. MALLY, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Joint Tenant, who acknowledged to me that she executed the foregoing document.

Jenifer Kleine  
NOTARY PUBLIC



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**

**CERTIFICATE OF DEATH**

**2009008039**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

**DECEDENT**

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

**PARENTS**

**DISPOSITION**

**TRADE CALL**

**CERTIFIER**

**REGISTRAR**

**CAUSE OF DEATH**

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>William Paul MALLY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 27, 2009</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Carson Tahoe Hospital</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm., Inpatient(Specify) <b>Intensive Care Unit</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>84</b>	
9a. STATE OF BIRTH (if not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Joan Nancy GREEN</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>October 21, 1924</b>	
13. SOCIAL SECURITY NUMBER <b>7286</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>General Contractor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>1025 South Minnesota</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER - NAME (First Middle Last Suffix) <b>Otto Paul MALLY</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Esther Pauline DEXHEIMER</b>		
18a. INFORMANT- NAME (Type or Print) <b>Joan Nancy MALLY</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>1025 South Minnesota Carson City, Nevada 89703</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89501</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMIE CORNIER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>674</b>		20c. NAME AND ADDRESS OF FACILITY. <b>Neptune Society of Reno</b> <b>390 E. Moana Ln. Suite D1 Reno NV 89502</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>JOSE ALFREDO AGUIRRE MD</b> SIGNATURE AUTHENTICATED			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) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) <b>June 02, 2009</b>		21c. HOUR OF DEATH <b>19:45</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Jose Alfredo Aguirre MD 1600 Medical Parkway Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>11479</b>	
24a. REGISTRAR (Signature) <b>JENELLE BALDWIN</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 04, 2009</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
26. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) <b>Cardiac Arrest</b>				Interval between onset and death	
(b) <b>Pneumonia Multilobar</b>				Interval between onset and death	
(c)				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)	
28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED			
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



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BK- 0809  
PG- 5246  
08/24/2009

VRS-Rev-20080602

283935 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:

**AUG 06 2009**

*Jenelle Baldwin*  
STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

PNCO (Rev) 11/06

