

DOC # 750388
09/09/2009 10:59AM Deputy: GB
OFFICIAL RECORD
Requested By:
SPL INC - LA
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 41.00
BK-909 PG-1903 RPTT: 0.00



RECORDING REQUESTED BY:
Chicago Title

AND WHEN RECORDED MAIL TO:
THOMAS J KENNEDY and MARY L KENNEDY
1053 Skyland Drive Po Box 12024
Zephyr Cove, NV 89448

Order No.: 985005214
Escrow No.: 0713951-TS
A.P.N.:

1318-03-110-024

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF Douglas } ss.

THOMAS J KENNEDY, of legal age, being first duly sworn, deposes and says:

That MARY KENNEDY the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARY L KENNEDY, named as one of the parties in that certain GRANT, BARGAIN AND SALE DEED dated JULY 22, 1998, executed by MAY BRITT DAVIS, TRUSTEE, to THOMAS J KENNEDY AND MARY L KENNEDY, husband and wife, as joint tenants with right of survivorship and not as tenants in common recorded as Instrument No. 0446503, in book 0898 on page 1338, of Official Records of Douglas County, Nevada covering the following described real property situated in the County of Douglas, State of Nevada:

See attached exhibit A

That the value of all real and personal property owned by said decedent at date of death including the full value of the property above described, did not then exceed the sum of \$0.00

Dated: September 1, 2009

State of Nevada
County of Douglas

Thomas J Kennedy
THOMAS J KENNEDY

Subscribed and sworn to (or affirmed) before me on this
1st day of September, 2009 by
Thomas J. Kennedy, proved to me on the
basis of satisfactory evidence to be the person(s) who
appeared before me.

Signature Charlene McDonald (Seal)



(This area for official notarial seal)

EXHIBIT A



BK-909
PG-1904

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LOT 56, AS OF MAP ENTITLED 'SKYLAND SUBDIVISION NO. 1, DOUGLAS COUNTY, NEVADA', FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON FEBRUARY 27, 1958. OF MAPS IN THE OFFICE OF THE COUNTY RECORDER OF SAID COUNTY

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2008019407
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) Mary KENNEDY		2. DATE OF DEATH (Mo/Day/Year) December 21, 2008		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Zephyr Cove		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1053 Skyland Drive		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify)	
4. SEX Female		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 65		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 27, 1943		9a. STATE OF BIRTH (if not U.S.A. name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Thomas KENNEDY	
13. SOCIAL SECURITY NUMBER 2752		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
15d. STREET AND NUMBER 1053 Skyland Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Edmund MEYER	
17. MOTHER - NAME (First Middle Last Suffix) Louise DE PYSSLER		18a. INFORMANT- NAME (Type or Print) Thomas KENNEDY		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1053 Skyland Drive Zephyr Cove, Nevada 89448	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenrys Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
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) SIGNATURE AUTHENTICATED ANDREW HO-KUANG TANG M.D.			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) December 29, 2008			22b. DATE SIGNED (Mo/Day/Yr)		
21c. HOUR OF DEATH 08:05			22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) Andrew Ho-Kuang Tang M.D. PO Box 6715 State Ln, NV 89449		
23b. LICENSE NUMBER 8365			24a. REGISTRAR (Signature) CHRISTINA GRIFFITH		
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 05, 2009			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Lung Cancer with Metastatic Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) 					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) 					
PART II					
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		27a. DATE OF INJURY (Mo/Day/Yr)		27b. HOUR OF INJURY	
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28c. DESCRIBE HOW INJURY OCCURRED	
28d. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28e. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			

STATE REGISTRAR



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PG-1905

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V88-Rev-2004T

249634 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: 01/05/2009

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

And White
SIGNATURE AUTHENTICATED



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