



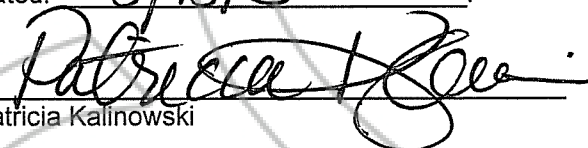
A.P.N. No.:	1318-03-212-059
Escrow No.:	01415-1887
Recording Requested By:	
Stewart Title	
Mail Tax Statements To:	Same as below
When Recorded Mail To:	
M/S Kalinowski	
9495 E. Desert Trail	
Scottsdale AZ 85260	

AFFIDAVIT - DEATH OF JOINT TENANT

State of AZ)
) ss.
 County of Maricopa)

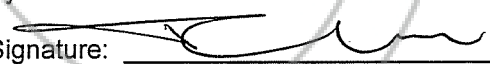
Patricia Kalinowski, of legal age, being first duly sworn, deposes and says: That Mary McEneany, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Mary McEneany named as one of the parties in that certain deed dated 1-23-04 executed by Mary McEneany, a single person, to Mary McEneany a single person and Gregory Kalinowski and Patricia Kaliowski husband and wife all as joint tenants, recorded as Document No. 619709, on 7-26-04 in Book 704, Page 10663 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada.

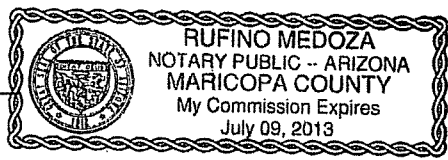
Lot 170, as shown on the map of Skyland Subdivision No 3, filed in the Office of the County Recorder of Douglas County, Nevada, on February 24, 1960, as Document No. 15653.

Dated: 3/13/13

 Patricia Kalinowski

State of AZ)
) ss.
 County of Maricopa)

This instrument was acknowledged before me on 13 day of March, 2013.

By: Patricia Kalinowski

 Signature: _____
 Notary Public





STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File NO. 102-2012-008737

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) MARY VANCE MCENEANY		2. AKA'S (IF ANY)		3. DATE OF DEATH FEBRUARY 26, 2012	
4. SEX FEMALE	5. SOCIAL SECURITY NUMBER: 1431	6. DATE OF BIRTH 08-18-1933	7. AGE 78	8. MONTHS 9. DAYS 10. HOURS 11. MINUTES	
12. PLACE OF DEATH - HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL			13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER		
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): MERCY GILBERT MEDICAL CENTER			15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: GILBERT 85296		16. COUNTY OF DEATH: MARICOPA
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) BERKELEY, CALIFORNIA		18. MARITAL STATUS AT TIME OF DEATH: WIDOWED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)	
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 9495 E DESERT TRAIL,		21. CITY AND COUNTY: SCOTTSDALE, MARICOPA		22. STATE ARIZONA	23. ZIP CODE 85260
24. EVER IN THE ARMED FORCES NO		25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN		26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> OTHER ASIAN (SPECIFY) <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN	
27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:		28. OCCUPATION: HOME MAKER			
29. FATHER'S NAME (FIRST, MIDDLE, LAST) ROBERT LEE VANCE			30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) ALBERTA ROTHERMEL		
31. INFORMANT'S NAME PATRICIA KALINOWSKI		32. RELATIONSHIP: DAUGHTER	33. INFORMANT'S MAILING ADDRESS: 9495 E DESERT TRAIL, SCOTTSDALE, ARIZONA 85260		
34. NAME AND ADDRESS OF FUNERAL FACILITY: SCIENCE CARE ANATOMICAL PO BOX 87119 PHOENIX, AZ			35. FUNERAL DIRECTOR: LAWRENCE GOLDBERG, FUNERAL DIRECTOR		36. LICENSE NUMBER: F0898
37. METHOD(S) OF DISPOSITION: DONATION/CREM		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: SCIENCE CARE ANATOMICAL, PHOENIX, ARIZONA		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: SERENITY MORTUARY SERVICES, INC, PHOENIX, ARIZONA	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
IMMEDIATE CAUSE OF DEATH	40. A CARDIOPULMONARY ARREST		41. APPROXIMATE INTERVAL: UNKNOWN		
DUE TO OR AS A CONSEQUENCE OF:	42. B PNEUMONIA UNSPECIFIED		43. APPROXIMATE INTERVAL: UNKNOWN		
DUE TO OR AS A CONSEQUENCE OF:	44. C UNKNOWN ORGANISM		45. APPROXIMATE INTERVAL: UNKNOWN		
DUE TO OR AS A CONSEQUENCE OF:	46. D UNSPECIFIED NATURAL CAUSES		47. APPROXIMATE INTERVAL: UNKNOWN		
CAUSE OF DEATH PART II					
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:		49. INJURY? NO	50. INJURY AT WORK? NO	51. MANNER OF DEATH NATURAL DEATH	52. TIME OF DEATH 2032
		53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER OF DEATH CERTIFICATION					
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.		55. NAME OF PERSON COMPLETING CAUSE OF DEATH: RADHIKA JANGA, M.D.			56. DATE CERTIFIED: 03-02-2012
<input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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.		57. CERTIFIER'S ADDRESS: 4135 S POWER RD., STE. 120 MESA, AZ 85212			58. NAME OF REGISTRAR: MICHELE CASTANEDA-MARTINEZ
		59. DATE REGISTERED 03-12-2012			

Date Issued: 03-12-2012

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA. Revised 04/2010

Patricia Adams

PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

Arizona
Department of
Health Services