

APN: 1420-34-401-003

RECORDING REQUESTED BY:

Sharon K. McGuinness  
1422 Johnson Ln.  
Minden, NV 89423

AFTER RECORDATION, RETURN BY MAIL TO:

Sharon K. McGuinness  
1422 Johnson Ln.  
Minden, NV 89423



00013190201508614900020024

KAREN ELLISON, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA )  
 ) ss:  
COUNTY OF DOUGLAS )

SHARON K. MCGUINNESS, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as John McGuinness named as one of the parties in that certain Grant, Bargain, Sale Deed dated December 12, 1975, executed by Seth Vance and Stephana D. Vance, husband and wife, to John McGuinness and Sharon K. McGuinness (surviving tenant), wife and husband as joint tenants, and recorded on December 23, 1975, in Book 1275, at Page 996, Document No. 86356 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

The South 1/2 of the West 1/2 of Lot 24, all in Artemisia Subdivision, according to the official plat thereof, filed in the office of the County Recorder of Douglas County, Nevada.

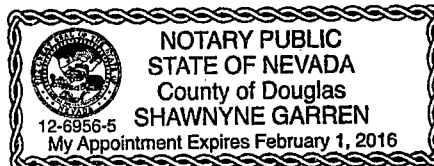
Dated: 5/5/2015

*Sharon K McGuinness*  
Sharon K. McGuinness

State of Nevada )  
 ) ss.  
County of Douglas )

Subscribed and sworn to (or affirmed) before me on this 5<sup>th</sup> day of May, 2015, by Sharon K. McGuinness, proved to me on the basis of satisfactory evidence to be the person who appears before me.

*Shawnyne Garren*  
Notary Public



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

#### CERTIFICATE OF DEATH

STATE FILE NUMBER  
**2015003565**

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>John L. MCGUINNESS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 01, 2015</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION :Name(if not either, give street and <b>1422 Johnson Lane</b>		3d. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>80</b>		7b. UNDER 1 YEAR <b>MOS</b> <b>DAYS</b>		7c. UNDER 1 DAY <b>HOURS</b> <b>MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>December 17, 1934</b>		9a. STATE OF BIRTH (If not U.S.A.) <b>Washington</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (Maiden name) <b>Sharon MOON</b>	
13. SOCIAL SECURITY NUMBER <b>████████-3649</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Self - Employed</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Auto</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1422 Johnson Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) <b>James J. MCGUINNESS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Elsie JOHANSSON</b>		
18a. INFORMANT - NAME (Type or Print) <b>Sharon MCGUINNESS</b>			18b. MAILING ADDRESS (Street or R.F.D., No, City or Town, State, Zip) <b>1422 Johnson Lane Minden, Nevada 89423</b>		
19a. BURIAL; CREMATION; REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) <b>BLAKE HOWE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>622</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410</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>COLLEEN CARALYN LYONS M.D.</b> <b>SIGNATURE AUTHENTICATED</b>			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>March 04, 2015</b>		21c. HOUR OF DEATH <b>06:45</b>		22b. DATE SIGNED (Mo/Day/Yr)	
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) <b>Colleen Caralyn Lyons M.D. 1330 Waterloo Lane #101 Gardnerville, NV 89410</b>				23b. LICENSE NUMBER <b>5698</b>	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 05, 2015</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <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) <b>Congestive Heart Failure</b>				<b>2 1/2 Years</b>	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) <b>Chronic Obstructive Pulmonary Disease</b>				<b>10 Years</b>	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) <b>Tobacco Smoking</b>				<b>Decades</b>	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Atrial Fibrillation</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			
28f. INJURY AT WORK (Specify Yes or No)		28g. LOCATION STREET OR R.F.D. No.		28h. CITY OR TOWN STATE	

STATE REGISTRAR

3820314

569718

CERTIFIED COPY OF VITAL RECORDS

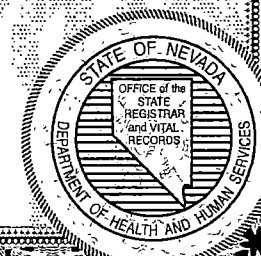
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

3/10/2015

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

*R. J. White*  
STATE REGISTRAR  
**SIGNATURE AUTHENTICATED**



VRs-Rev-20120523a

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE