APN: 1420-26-301-007

Escrow No.: 11000026-110-VD WHEN RECORDED MAILTO and

MAIL

JUDY SWEENEY

253 Shaw Hill Road

Hampden ME 04444-3410

DOUGLAS COUNTY, NV

Rec:\$16.00

\$16.00 Pgs=3

11/04/2016 09:04 AM

2016-890093

SIGNATURE TITLE

KAREN ELLISON, RECORDER

AFFIDAVIT - DEATH OF JOINT TENANT

Judy Sweeny, of legal age, being first duly sworn, deposes and says:

That <u>John Sweeney</u>, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as <u>John Sweeney</u> named as one of the parties in that certain <u>Quitclaim Deed</u> dated <u>3/6/2007</u> executed by <u>Judy Sweeney and John Sweeney</u>, <u>Trustees of the Judy and John Sweeney 2003 Trust to Judy Sweeney and John Sweeney, husband and wife as joint tenants with right of survivorship as joint tenants, recorded as instrument No. <u>0696766</u>, on <u>3/9/2007</u>, in Book, Page <u>0307</u>, of Official Records of <u>Douglas</u> County, Nevada, covering the following described property situated in the County of <u>Douglas</u>, State of Nevada:</u>

Dated 6/22/20/6

Judy Sweeney

Surviving Joint Tenant

STATE OF NEVADA V

}SS

COUNTY OF Pendasy

This instrument was acknowledged before me on

6/33/10

by Judy Sweeney.

Notary Public

Tiffani J. Bringger
Notary Public, State of Maine
My Commission Expires February 22, 2020

STATE OF MAINE

	Name Known	to Physi	cian (a	ka) T	Department o	of Health	and Huma	~ Cominge	~	•	110	2016	E00004	
	and the country of th					n services	TSCIVICES TITE-				2016-503061 State File Number			
	1a. First Name				Certificate of Death 1b. Middle Name			1c. Last Name				T.		
	John	T .				William			Sweeney				1d. Suffix	
	2. Date of Death				4. Social Security Number 5a. Ag			5b. Under		5c. Und	ar 1 Day	1 6 Da	<< >> te of Birth	
	Actual date of dea	ath	Mole	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 4 18 5 Sec. 11.			Months	Days	Hours	Hours Minutes			
	March 22, 2016 Male)	-7159 65 Last Birth				<u> </u>	l	1	Aug	just 01, 1950	
	7. Birthplace Cedar Rapids, Id	owa	1.0		8. Was Decedent Ever in U.S. Armed No			Forces? 9. Place of Death Hospital-Inpatient				1	4	
Decedent	10. Facility Name St Joseph Hospital				11. County of Death Penobscot			12. City or T Bangor			Town of Do	eath		
ခဒ	1										16. Kind of	Business /	Industry	
Ã												tive Parts		
	17. Education				18, Ancestry			19. Race						
	Some college cre				American			White						
	20. Residence State 21. Residence County Maine Penobscot			nty	22. Residence City or Town			23. Residence Street and Number				The state of the s	1	
				245 8414	Hampden			253 Shaw Hill Road			74	. N		
	James				24b. Middle Name Charlton			24c. Last Name Prior to First Marriage					24d. Suffix	
	25a. Parent First Name			. 1 19111111	Charlon 25b, Middle Name			Sweeney					Unknown	
	Ida			Faith				5c. Last Name Prior to First Marriage Dunbar					25d. Suffix	
		26. Infor	mant Nam		27. Mailing A						- <u>\</u>	Unknown		
	Informant Judith Sweene					C HANG		v Hill Road	Hampder	Maine	04444			
	28. Method of Dispositi				29. Date of Disp	osition	1 200 0114.	V Timi Fload		Was Body I		-		
ā	Cremation			March 25, 2016 No					Zilinstinier.					
Disposition	31a. Place of Disposition		1 2 2			3 7	31b.	Location (City	AF 18			· · · · · · · · · · · · · · · · · · ·		
0SI	Dyers Bay Crem			1		시 (백급	Steu	ben, Maine		1000	,			
(Sp	32a. Signature of Funer			norized Person			32b. Name an	d Address of Fa	acility or Auth	orized Pers	son	- +		
בֿ ¡	→ George Martin Weiland Downeast Direct Cremation, LLC													
	Signature Electronically Authenticated 254 Washington Street, Bangor, Maine 04401													
	33a. Signature and Title	of Certifier	7	<u> </u>	1111			76	-		04401	33h De	ate Signed	
Certifier	- To the best of	my knowle	dge, dea	ath occurred	at the time, dat	e, and place	e, due to the c	ause(s) and r	manner as	stated.		1 000, 0,	ite bigitti	
∄	Claudia R Picone Doctor of Medicine Signature Electronically Authenticated March 23, 2016													
ا ق	33c. Name and Address	of Certifier	/				3	ignature Electro	onically Authe	nticated	24 33	<u> </u>		
·	Claudia R Picone	360 Broa	adway,	Bangor, M	aine 04401			- 184			34. W		iewed After Death?	
\neg	35. Time of Death				36. Manner of Death						edical Examiner Case Number			
	11:40 AM Actual time of death				Natural			3/. 1			redical Examiner Case Number			
Ì	38. Part I.												*	
-													Approximate Interval Between Onset and	
	Immediate Cause of Death				cute kidney failure							Death		
,	(1 min disease of condition				to (Or as a consequence of);				<u> </u>				Days_	
<u> </u>	The state of the s											-		
or Death	_	→\-		atorenal syndrome						1		Days		
6 O	Due to (Or as a consequence ot):													
Cause	Sequential list of other conditions, if any, leading to c, Cirrnosis										V			
2	immediate cause. The underlying Due to (Or as a consequence of):											Years_		
´	cause (Disease or injury which initiated events resulting in d. Alcoholism and steatohepatitis													
	death) is entered last.			. 1	The state of the s	-							Years_	
Γ	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.													
								en Storigen trans						
	Probable sponta	neous b	acteria	al peritoni	tis				<u> </u>					
E	Registrar	9. Signature		10.00					-	7		40. Date	Filed	
1	Roberta L. Fogg,				Deputy State Registrar			Section 1985				March 24, 2016		
	\	Signature	Electronicall	ly Authenticated										
·														
٦.	- N				Talahan Kalendar			-	7.1				-	
/				/		41.		Standard				•		

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE ABSTRACT OR COPY OF A CERTIFICATE OR RECORD WHICH IS IN MY OFFICIAL CUSTODY.

TOWN OF:

BANGOR

DATE ISSUED:

ATTEST:

2 8 2015

VS-31 R092015

STATE REGISTRAR/MUNICIPAL CLERK

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

Exhibit A

PARCEL 1:

TOWNSHIP 14 NORTH, RANGE 20 EAST, M.D.B.&M.: SECTION 26: N ½ OF W ½ OF E ½ OF NE ¼ OF SW ¼.

PARCEL 2:

A NON-EXCLUSIVE RIGHT OF INGRESS AND EGRESS ALONG A PIECE OF LAND DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHWEST CORNER OF SAID SECTION 26; THENCE NORTH 89°57' EAST ALONG THE SOUTH LINE OF SAID SECTION 26, A DISTANCE OF 1955 FEET TO THE TRUE POINT OF BEGINNING; THENCE NORTH 0°05' WEST A DISTANCE OF 2172 FEET; THENCE NORTH 89°57' EAST A DISTANCE OF 25 FEET; THENCE SOUTH 0°05' EAST A DISTANCE OF 2172 FEET; THENCE SOUTH 89°57' WEST A DISTANCE OF 25 FEET TO THE POINT OF BEGINNING.

NOTE: THE ABOVE METE AND BOUNDS DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN QUITCLAIM DEED RECORDED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON MARCH 9, 2007, AS DOCUMENT NO. 0696766 OF OFFICIAL RECORDS.

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