

WHEN RECORDED MAIL TO:

**Thomas J. Maguire**  
841 Armory Lane  
Carson City, NV 89701

DOUGLAS COUNTY, NV

**2017-896450**

Rec:\$16.00

\$16.00 Pgs=3

03/27/2017 04:06 PM

TICOR TITLE - GARDNERVILLE

KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:

Same as above

The undersigned hereby affirms that this document submitted for recording includes a death certificate which may contain a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 1701043-RLT  
APN No.: 1022-16-001-026

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA  
COUNTY OF DOUGLAS

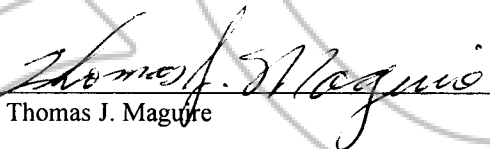
} SS:

Thomas J. Maguire, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Patricia Rose Maguire the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Patricia R. Maguire named as one of the Grantees in that certain Deed from Charles W. Daff, Trustee in Bankruptcy for Gary Laverne Ownes, Case #SA91-35335-JW to Thomas J. Maguire and Patricia R. Maguire, husband and wife as joint tenants with right of survivorship recorded in Book 0693 as Instrument No. 311333, on 6-30-93 of Official Records of Douglas County, Nevada, covering the following described property.

**SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF**

Dated: March 23, 2017

  
Thomas J. Maguire

STATE OF NEVADA  
COUNTY OF DOUGLAS

} SS:

This instrument was acknowledged before me on 3/27/17  
by Thomas J. Maguire

NOTARY PUBLIC



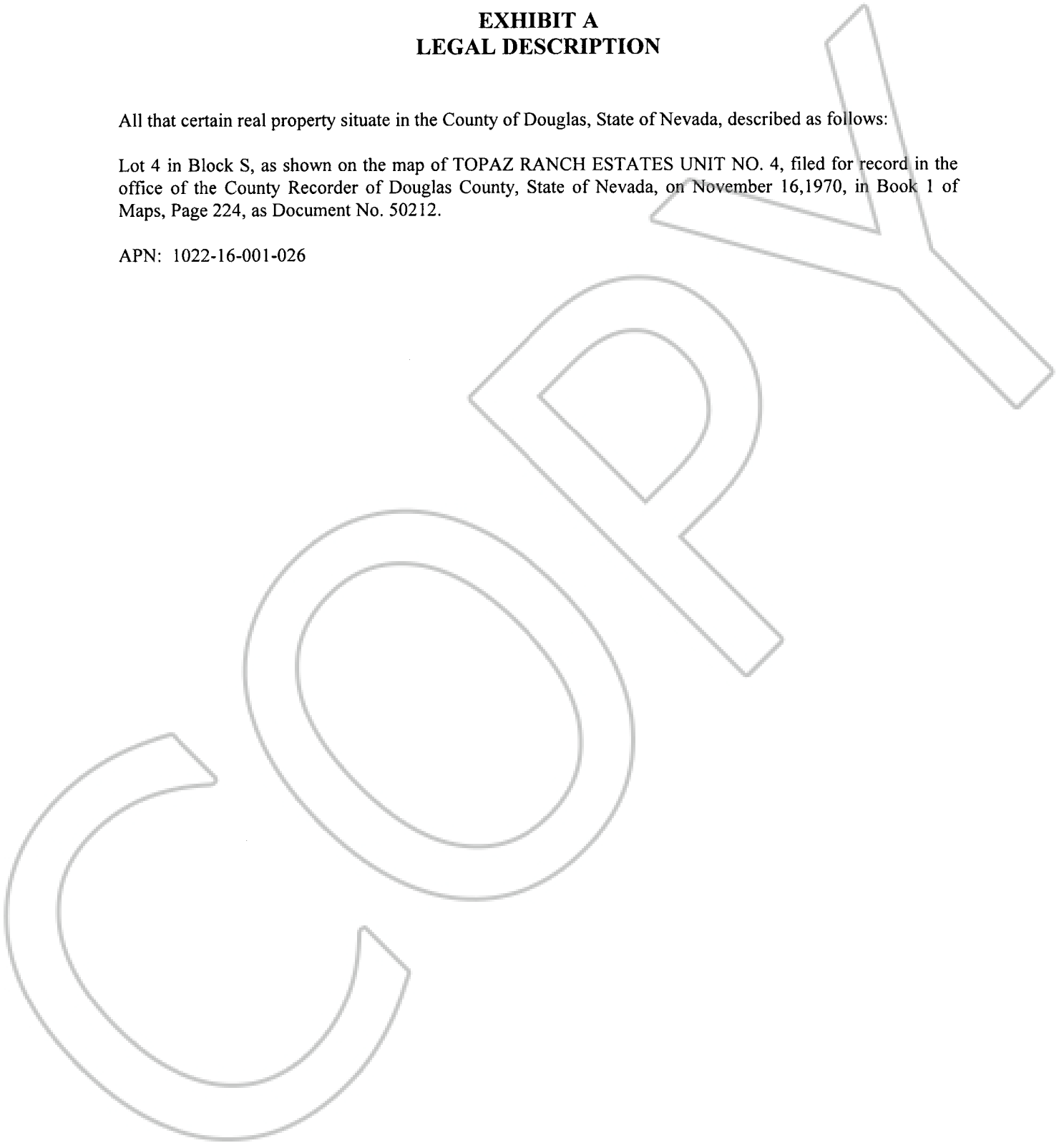
Escrow No.01701043 RLT

**EXHIBIT A  
LEGAL DESCRIPTION**

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 4 in Block S, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 16,1970, in Book 1 of Maps, Page 224, as Document No. 50212.

APN: 1022-16-001-026



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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2015004548  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) <b>Patricia Rose MAGUIRE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 17, 2015</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 or <b>Carson Tahoe Regional Medical Center</b> Inpatient (Specify) <b>Inpatient</b>		4. SEX <b>Female</b>	
DECEDENT	5. RACE: <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>74</b>	
	7b. UNDER 1 YEAR <b>MOS DAYS HOURS MINS</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>March 28, 1940</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A.) <b>California</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>Thomas MAGUIRE</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>8617</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Billing Manager</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Medical Office</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
SPOUSION	15d. STREET AND NUMBER <b>821 Amory Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>William Henry HICKOX</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Wilma LEWIS</b>		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) <b>Thomas MAGUIRE</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>821 Amory Lane Carson City, Nevada 89701</b>		
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lampa Ln Carson City NV 89701</b>	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	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>VIJAY MAIYA 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>March 20, 2015</b>		21c. HOUR OF DEATH <b>11:30</b>		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	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)					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Vijay Maiya MD, 1600 Medical Parkway Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>11909</b>	
	24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 20, 2015</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	(a) <b>Cardiopulmonary Arrest</b>					
PART II	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(b) <b>Shock, Cardiogenic Versus Septic</b>					
	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(c) <b>Acute Myocardial Infarction</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(d) <b>Atherosclerotic Disease</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, HOMICIDE, UNDETERMINED 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

571030

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:

3/20/2015

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

STATE REGISTRAR  
*R. Shore*  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

