

60342
Affidavit—Death of Joint Tenant

TD 5028 (1-7-67)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

CALIFORNIA
STATE OF ~~NEVADA~~
COUNTY OF LOS ANGELES } ss.

ROSEANN MC CARTHY, of legal age, being first duly sworn, deposes and says:
That GEORGE JEROME MC CARTHY the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GEORGE J. MC CARTHY named as one of the parties in that certain Grant, Bargain, Sale Deed dated Dec. 27, 1955 executed by HOMER D. TUTTLE and GLENDORA TUTTLE to GEORGE J. MC CARTHY and ROSEANN MC CARTHY as joint tenants, recorded as Instrument No. 32220 on January 8, 1956 in Liber 24, page 497, of Official Records of Eureka County, Nevada, covering the following described property situated in the _____ County of _____ State of Nevada:

The East one-half (E 1/2) of the Northeast Quarter (NE 1/4) of the Northeast Quarter (NE 1/4) of Section Twenty-two (22), Township Twenty-six (26) North, Range Fifty-three (53) East, MDB&M., containing 20 acres, more or less.

SUBJECT TO: Conditions and restrictions contained in Nevada State Land Patent #12553, dated October 4th 1950, and recorded October 16th 1950 in Liber 24 of Deeds, Page 92 Records of Eureka County, Nevada.

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 \$28,000.00

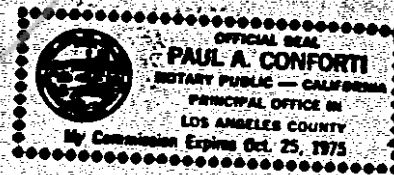
Dated October 16, 1975

Roseann Mc Carthy
ROSEANN MC CARTHY

SUBSCRIBED AND SWORN TO before me

this 16 day of October, 1974

Signature *Paul A. Conforti*
PAUL A. CONFORTI
Name (Typed or Printed)



(This area for official notarial seal)

Title Order No. _____

Escrow or Loan No. _____

RECORDING REQUESTED BY
Robert E. Clark Prof. Corp. Ltd.

AND WHEN RECORDED MAIL TO

Name **Robert E. Clark Prof. Corp. Ltd.**
Address **1700 E. Desert Inn Rd., Suite 205**
Las Vegas, Nevada 89109

SPACE BELOW THIS LINE FOR RECORDER'S USE

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME GEORGE			1b. MIDDLE NAME JEROME			1c. LAST NAME Mc CARTHY			2a. DATE OF DEATH—MONTH, DAY, YEAR October 17, 1973			2b. HOUR 10:25P.					
	3. SEX Male			4. COLOR OR RACE Caucasian			5. BIRTHPLACE (STATE AND PROVINCE OR COUNTRY) Illinois			6. DATE OF BIRTH Sept. 6, 1919			7. AGE (LAST BIRTHDAY) 56 YEARS					
	8. NAME AND BIRTHPLACE OF FATHER George G. McCarthy, Illinois						9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Ruth Redding, Illinois											
	10. CITIZEN OF WHAT COUNTRY USA			11. SOCIAL SECURITY NUMBER [REDACTED]			12. MARRIED NEVER MARRIED WIDOWED (SPECIFY) Married			13. NAME OF SURVIVING SPOUSE (IF SHE IS SEVERE MARRIED NAME) Roseann Sheridan								
PLACE OF DEATH	14. LAST OCCUPATION Real Estate Broker						15. NUMBER OF YEARS IN THIS OCCUPATION 10			16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) Interstate Mortgage Co.			17. KIND OF INDUSTRY OR BUSINESS Real estate					
	18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY Glendora Community Hospital						18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 638 South Santa Fe Avenue						18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes					
	18d. CITY OR TOWN Glendora			18e. COUNTY Los Angeles			18f. LENGTH OF STAY IN COUNTY BY DEATH 20 YEARS			18g. LENGTH OF STAY IN CALIFORNIA 20 YEARS								
USUAL RESIDENCE (IF DEATH OCCURRED IN RESIDENCE OTHER THAN USUAL RESIDENCE)	19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 204 East Haltern						19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes			20. NAME AND MAILING ADDRESS OF INFORMANT Roseann S. McCarthy Same address.								
	19c. CITY OR TOWN Glendora			19d. COUNTY Los Angeles			19e. STATE California											
PHYSICIAN'S OR CORONER'S CERTIFICATION	21a. CORONER (MEMBER CERTIFY THAT DEATH OCCURRED AT THIS HOME AND IF AGE EXCEEDED 70 YEARS FROM THE AGE OF 70 YEARS TO THE AGE OF 75 YEARS FROM THE AGE OF 75 YEARS TO THE AGE OF 80 YEARS AND FROM THE AGE OF 80 YEARS TO THE AGE OF 85 YEARS AND FROM THE AGE OF 85 YEARS TO THE AGE OF 90 YEARS AND FROM THE AGE OF 90 YEARS TO THE AGE OF 95 YEARS AND FROM THE AGE OF 95 YEARS TO THE AGE OF 100 YEARS)						21b. PHYSICIAN (MEMBER CERTIFY THAT DEATH OCCURRED BY THE CAUSES STATED BELOW AND THAT YOU ATTENDED THE DECEASED)						21c. PHYSICIAN OR CORONER (MEMBER SIGN AND PRINT NAME ON THIS CERTIFICATE)			21d. DATE SIGNED 10-18-73		
	22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Burial						22b. DATE 10/20/73			23. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery			24. SIGNATURE OF PHYSICIAN OR CORONER William J. Hooper 4163					
FUNERAL DIRECTOR AND LOCAL REGISTRAR	25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Noakes Mortuary * Glendora						26. IF NOT CERTIFIED BY PHYSICIAN OR CORONER, THE DEATH IS ASSUMED TO BE NATURAL (SPECIFY YES OR NO) No			27. LOCAL REGISTRAR (SIGNATURE) John A. White			28. DATE RECEIVED AND REGISTERED BY OCT 18 1973					
CAUSE OF DEATH	29. PART I: DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C) (A) MYOCARDIAL INFARCTION (B) CORONARY SCLEROSIS (C) _____												ONE HOUR SIRS		APPROPRIATE INTERNAL OR OTHER CAUSE OF DEATH			
	30. PART II: OTHER SIGNIFICANT CONDITIONS—(ENTER ONLY TO REPORT BUT NOT RELATIVE TO THE UNDERLYING CAUSE GIVEN IN PART I) _____												31. ONE OR MORE OF THESE CONDITIONS PRESENT AT TIME OF DEATH (SPECIFY YES OR NO) No		32a. IF YES, SPECIFY CAUSE OF DEATH (SPECIFY YES OR NO) No		32b. IF YES, SPECIFY CAUSE OF DEATH (SPECIFY YES OR NO) No	
	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE			34. PLACE OF INJURY (STREET AND NUMBER OR LOCATION, STREET BUILDING, ETC.)			35. INJURY AT WORK (SPECIFY YES OR NO)			36a. DATE OF INJURY—MONTH, DAY, YEAR No			36b. HOUR No					
INJURY INFORMATION	37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)						37b. NATURE AND PLACE OF INJURY (SPECIFY YES OR NO)			38. SPECIFY WHETHER DEATH OCCURRED AT WORK (SPECIFY YES OR NO)			39. OTHER INFORMATION (SPECIFY YES OR NO)					
	40. DESCRIBE HOW INJURY OCCURRED (IF DEATH OCCURRED AS RESULT OF INJURY, NATURE OF INJURY SHOULD BE SPECIFIED IN THIS BOX) 10+2f																	
STATE REGISTRAR																		

MEDICAL AND HEALTH DATA

OCT 18 1973

John A. White

RECORDED AT THE REQUEST OF **Robert E. Clark**
 ON **Nov. 3** 1975, at **01** mins. past **8 A.M.** in
 Book **52** of OFFICIAL RECORDS, pages **528-529**, RECORDS OF
 EUREKA COUNTY, NEVADA. **WILLIS A. DeFAOLI** Recorder
 File No. **60542** Fee \$ **4.00**

BOOK **52** PAGE **529**

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