

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF _____ }
COUNTY OF _____ } ss:

Kathryn M. O'Hara, having been first duly sworn,
deposes and says:

THAT (he/she) is the surviving spouse of John J. O'Hara
who died at Tucson, Az.
on or about the 25th day of June, 1985, as
evidenced by a certified copy of the Death Certificate of said deceased
attached hereto and by this reference made a part hereof.

THAT AFFIANT and said deceased were the owners in JOINT TENANCY WITH
THE RIGHT OF SURVIVORSHIP of the following described property:

T31N, R48E SEC. 25 SW4 NE4
40 AC.

§
T31N, R48E SEC 9 NE1 NW4
40 AC
ROLL - 01759
DIST. 4-0

ROLL - 01760
DIST - 4-0

THAT title to said property was acquired by Affiant and said deceased
by (DEED) (CONTRACT FOR SALE OF REAL ESTATE) as JOINT TENANCY WITH THE
RIGHT OF SURVIVORSHIP as recorded in the Caveira County Recorder's
Office. THAT the value of the estate of said deceased is less than
an amount taxable by the Federal and State Estate Tax Commission, and
that all funeral bills, expenses of last illness, etc. have been paid
in full.

Kathryn M. O'Hara signed by
Marilyn M. Brodigan, P.O.A.

The foregoing Affidavit was subscribed and sworn to before me this
19th day of November, 1985 BY:

My commission expires:

My Commission Expires Oct. 16, 1988.

Shirley D. Jones
Notary Public
SEAL
Affixed

STATE OF ARIZONA

ORIGINAL
STATE COPY

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

DEATH NO.
D 102-

NAME OF DECEASED 1. JOHN		A. FIRST J.		B. MIDDLE O'HARA		C. LAST O'HARA		SEX 2. MALE		DATE OF DEATH 3. JUNE 25 1985	
RACE (e.g., white, black, American Indian, etc.) SPECIFY: 4A. WHITE		WAS DECEASED OF SPANISH ORIGIN? (YES, NO) SPECIFY: B. NO		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. C.		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO). 5. YES					
PLACE OF DEATH 6. PIMA		A. COUNTY TUCSON		B. TOWN OR CITY TUCSON		C. HOSPITAL OR INSTITUTION SANTA ROSA NURSING HOME		IF RESIDENCE, GIVE STREET ADDRESS D. <input type="checkbox"/> DOA <input type="checkbox"/> CP EMER. <input checked="" type="checkbox"/> INPATIENT			
DATE OF BIRTH 7. DECEMBER 14 1902		AGE (YEARS LAST BIRTHDAY) 8A. 82		IF UNDER 1 YEAR B. 82		IF UNDER 1 DAY C. 82		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9. MARRIED		SURVIVING SPOUSE IF WIFE, GIVE MARRIAGE NAME 10. KATHRYN M. WILLIAMS	
STATE OF (if not in USA, name country) BIRTH 11. NEW YORK		CITIZEN OF WHAT COUNTRY? 12. U.S.A.		SOCIAL SECURITY NO. 13. [REDACTED]		USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A. POLICEMAN		KIND OF BUSINESS OR INDUSTRY 14B. LAW ENFORCEMENT			
USUAL RESIDENCE 15. ARIZONA		A. STATE PIMA		B. COUNTY TUCSON		C. TOWN OR CITY TUCSON		D. ZIP CODE 85715			
STREET ADDRESS OR R.F.D. 15E. 7001 E. HACIENDA REPOSO		INSIDE CITY LIMITS? (Specify Yes or No) 15F. YES		ON RESERVATION (Specify Yes or No) 15G. NO		HOW LONG IN ARIZONA? YEARS MONTHS DAYS 16. 6		PREVIOUS STATE OF RESIDENCE 17. CALIFORNIA			
FATHER'S NAME 18. JOSEPH O. O'HARA		MOTHER'S NAME 19. SUSAN WEINHOLD		A. FIRST SUSAN		B. MIDDLE WEINHOLD		C. LAST WEINHOLD			
INFORMANT'S SIGNATURE 20. MARTLYN M. BRODIGAN		RELATIONSHIP TO DECEASED 21. DAUGHTER		ADDRESS 22. 7001 E. HACIENDA REPOSO, TUCSON, ARIZONA		STREET NO. 7001		CITY AND STATE TUCSON, ARIZONA		ZIP CODE 85715	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 23. CREMATION		DATE 24. 7-1-85		CEMETERY OR CREMATORY - NAME / LOCATION 25. SOUTH LAWN CREMATORY TUCSON, AZ		EMBALMER'S SIGNATURE 26. NO EMBALMING		CERT. NO. 27. 304F			
FUNERAL HOME 28. EAST LAWN MORTUARY 5801 E. GRANT TUCSON, ARIZONA		NAME [REDACTED]		STREET ADDRESS [REDACTED]		CITY AND STATE [REDACTED]		FURNERIAL DIRECTOR'S SIGNATURE [REDACTED]		CERT. NO. 304F	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE 31. Nick J. J. Mansour, M.D.		DATE SIGNED (Mo., Day, Year) 32. 6-26-85		HOUR OF DEATH 33. 0050		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. SIGNATURE 35. [REDACTED]		DATE SIGNED (Mo., Day, Year) 36. [REDACTED]		HOUR OF DEATH 37. [REDACTED]	
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print) 40. Nick J. J. Mansour, M.D. 6540 E. Carondelet, Tucson, Arizona		REG. FILE NO. 41. 422805		REGISTRAR'S SIGNATURE 42. [REDACTED]		REG. DISTRICT 43. 1016		DATE NOVD. IN STATE OFFICE 45. [REDACTED]			
44. ANY OTHER CAUSE OF DEATH?		A. IMMEDIATE CAUSE Pneumonia		B. DUE TO, OR AS A CONSEQUENCE OF: Carcinoma of Prostate		C. DUE TO, OR AS A CONSEQUENCE OF: [REDACTED]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1d			
PART II. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS (If adult female, was she pregnant within past 90 days?) 47. [REDACTED]		AUTOPSY (Specify yes or no) 48. NO		WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify yes or no) 49. YES - CREMATION							
MANNER OF DEATH 50. <input type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE		HOMICIDE 51. <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		DATE OF INJURY 52. [REDACTED]		INJURY AT WORK? (Specify yes or no) 53. [REDACTED]		DESCRIBE HOW INJURY OCCURRED 54. [REDACTED]			
PLACE OF INJURY (At home, farm, street, factory, office, building, etc.) SPECIFY 55. [REDACTED]		WHERE LOCATED? 56. [REDACTED]		STREET ADDRESS 57. [REDACTED]		CITY OR TOWN 58. [REDACTED]		STATE 59. [REDACTED]			

CERTIFIED COPY OF VITAL RECORD

July 24, 1985

COUNTY OF PIMA

CITY OF TUCSON

This is a true and correct reproduction of the document filed and recorded and to be placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, P.O. BOX 217, TUCSON, ARIZONA 85724.

Patricia A. Nolan, R.D.
PATRICIA A. NOLAN, R.D.

Michael Cechin
MICHAEL CECHEIN
Chief Deputy County Registrar

This copy of the record is prepared in safety paper displaying a color copy of the original and is preserved with the record of the original.

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

RECORDED AT REQUEST OF
Marilyn M. (O'Hara) Brodigan
BOOK 143 PAGE 113

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OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
MINI-REBATE RECORD
FILE NO. 102183
FEE \$ 6.00

BOOK 143 PAGE 114