

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:

**T 31 N, R 48 E SEC. 25 SW 4 NE 4
40 AC.**

§
T 31 N, R 48 E SEC 9 NE 1 NW 4
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 Cook 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. Prodigon, P.O.A.*

The foregoing Affidavit was subscribed and sworn to before me this 19th day of November, 19 85 BY:

My commission expires:

My Commission Expires Oct. 16, 1988.

Shirley A. Jones
Notary Public



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 J. O'HARA			SEX 2. MALE	DATE OF DEATH 3. JUNE 25 1985		
RACE (e.g., white, black, American Indian, etc.) 4A. WHITE		WAS DECEASED OF SPANISH ORIGIN? (YES, NO) SPECIFY: 4B. 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 TUCSON		HOSPITAL OR INSTITUTION 7. 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.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9. MARRIED	
STATE OF (if not in USA, name country) 11. NEW YORK		CITIZEN OF WHAT COUNTRY? 12. U.S.A.		SOCIAL SECURITY NO. 13.		USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A. POLICEMAN
USUAL RESIDENCE 15. ARIZONA PIMA TUCSON		C. TOWN OR CITY		KIND OF BUSINESS OR INDUSTRY 14B. LAW ENFORCEMENT		
STREET ADDRESS OR R.F.D. 15E. 7001 E. HACIENDA REPOSO		INSIDE CITY LIMITS? (SPECIFY Yes or No) 15F. YES	ON RESERVATION (Specify year or no) 15G. NO	HOW LONG IN ARIZONA? 16. 6		PREVIOUS STATE OF RESIDENCE 17. CALIFORNIA
FATHER'S NAME 18. JOSEPH O. O'HARA		MOTHER'S MAIDEN NAME 19. SUSAN WEINHOLD		INFORMANT'S SIGNATURE 20. MARTLYN M. BRODIGAN		
RELATIONSHIP TO DECEASED 21. DAUGHTER		ADDRESS 22. 7001 E. HACIENDA REPOSO, TUCSON, ARIZONA		ZIP CODE 23. 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
FUNERAL HOME 28. EAST LAWN MORTUARY 5801 E. GRANT TUCSON, ARIZONA		STREET ADDRESS		CITY AND STATE		FUNERAL DIRECTOR'S SIGNATURE (Type or print) 27. [Signature]
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 31. SIGNATURE AND TITLE [Signature]		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. 35. SIGNATURE AND TITLE [Signature]
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. 42. 2805		REG. DISTRICT 44. 1016		DATE REV. IN STATE OFFICE 45.
DATE REGISTERED 41. June 27, 1985		REGISTRAR'S SIGNATURE 43. [Signature]		TITLE 46. Deputy		
A. IMMEDIATE CAUSE Pneumonia		B. DUE TO, OR AS A CONSEQUENCE OF: Carcinoma of Prostate		C. DUE TO, OR AS A CONSEQUENCE OF:		
PART II. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS (If adult female, was she pregnant within past 90 days?) 47.		AUTOPSY (Specify yes or no) 48. NO		WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify yes or no) 49. YES - CREMATION		
MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE		DATE OF INJURY 51. MO. DAY YR. HOUR		INJURY AT WORK? (Specify yes or no) 52. M 53		
NONNATURAL CAUSE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		PLACE OF INJURY (All home, farm, street, factory, office building, etc.) SPECIFY 55.		WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE 56.		

CERTIFIED COPY OF VITAL RECORD

COUNTY OF PIMA July 24, 1985

This copy 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, PHOENIX, ARIZONA.

Patricia A. Nolan, R.D.
 PATRICIA A. NOLAN, R.D.
 County Registrar and Director
 Pima County Health Department

Michael J. Cechin
 MICHAEL CECHIN
 Chief Deputy County Registrar

This copy 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, PHOENIX, ARIZONA.

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

RECORDED AT REQUEST OF
Marilyn M. (O'Hara) Brodigan
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OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
MM-REBALEATI REORDER
FILE NO. 102183
FEE \$ 6.00

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