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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Kay E Helley
2005 DEC -7 PM 3:15

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 202503 FEES 16.00

RECORDING REQUESTED BY:

HARALD WESTENDORF, ESQ.

AND WHEN RECORDED, RETURN TO:

KAY E. HELLEY
35181 Donegal Court
Newark, CA 94560

AFFIDAVIT OF DEATH
(JOINT TENANT)

STATE OF CALIFORNIA) **Decedent Name:** EDWARD J. HELLEY, JR.
) SS.
COUNTY OF ALAMEDA) **Date of Death:** November 4, 2005

KAY E. HELLEY, being of legal age and being first duly sworn, deposes and says:

The decedent, EDWARD J. HELLEY, JR., mentioned in the attached certified copy of Certificate of Death, is the same person as EDWARD J. HELLEY, JR. named as one of the parties in that certain JOINT TENANCY DEED dated July 12, 1967 executed by NU-TOWN & DESERT REALTY, a Calif. Corp. to EDWARD J. HELLEY, JR. and KAY E. HELLEY, as joint tenants, recorded as Instrument No. 45457, on November 6, 1967, in Official Records of Eureka County, Nevada, covering the following described property situated in the unincorporated area of the County of Eureka, State of Nevada:

TOWNSHIP 31 NORTH, RANGE 48 EAST, M.D.B.&M
Section 15: SW ¼ of NE 1/4

DATED: December 1, 2005

Kay E Helley
KAY E. HELLEY

COPY

STATE OF CALIFORNIA)
) SS.
COUNTY OF ALAMEDA)

Subscribed and sworn to before me on December 1, 2005, by KAY E. HELLEY proved to me on the basis of satisfactory evidence to be the person to be the person(s) who appeared before me.

Notary Public

FLOWER BLANCHARD
Commission # 1534482
Notary Public - California
Alameda County
My Comm. Expires Dec 13, 2008

COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 1/03)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER: 3200501007141

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given): EDWARD
2. MIDDLE: JOHN
3. LAST (Family): HELLEY, JR.

AKA ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)

4. DATE OF BIRTH mm/dd/ccyy: 08/14/1939
5. AGE Yrs: 66
(IF UNDER ONE YEAR) Months / Days
(IF UNDER 24 HOURS) Hours / Minutes
6. SEX: M

9. BIRTH STATE/FOREIGN COUNTRY: NJ
10. SOCIAL SECURITY NUMBER: [redacted]
11. EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO ☐ UNK
12. MARITAL STATUS (at Time of Death): MARRIED
7. DATE OF DEATH mm/dd/ccyy: 11/04/2005
8. HOUR (24 Hours): 0645

13. EDUCATION — Highest Level/Degree (see worksheet on back): DOCTORATE
14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back) ☐ YES ☒ NO
16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back): CAUCASIAN

17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED: GEOLOGIST
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): FEDERAL GOVERNMENT
19. YEARS IN OCCUPATION: 30

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location): 35181 DONEGAL COURT
21. CITY: NEWARK
22. COUNTY/PROVINCE: ALAMEDA
23. ZIP CODE: 94560
24. YEARS IN COUNTY: 43
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: KAY HELLEY- WIFE
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): 35181 DONEGAL COURT, NEWARK CA 94560

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST: KAY
29. MIDDLE: E.
30. LAST (Maiden Name): BRANDVOLD

31. NAME OF FATHER — FIRST: EDWARD
32. MIDDLE: JOHN
33. LAST: HELLEY SR.
34. BIRTH STATE: NJ

35. NAME OF MOTHER — FIRST: MARY
36. MIDDLE:
37. LAST (Maiden): SKERCHEK
38. BIRTH STATE: NJ

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy: 11/08/2005
40. PLACE OF FINAL DISPOSITION: RES; KAY HELLEY 35181 DONEGAL COURT, NEWARK CA 94560

41. TYPE OF DISPOSITION(S): CR/RES
42. SIGNATURE OF EMBALMER: NOT EMBALMED
43. LICENSE NUMBER: -

44. NAME OF FUNERAL ESTABLISHMENT: CHAPEL OF THE CHIMES
45. LICENSE NUMBER: FD 1240
46. SIGNATURE OF LOCAL REGISTRAR: [signature] m.d. yew
47. DATE mm/dd/ccyy: 11/08/2005

PLACE OF DEATH

101. PLACE OF DEATH: OWN RESIDENCE
102. IF HOSPITAL, SPECIFY ONE: ☐ IP ☐ ER/OP ☐ DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: ☐ Hospice ☐ Nursing Home/LTC ☒ Decedent's Home ☐ Other

104. COUNTY: ALAMEDA
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 35181 DONEGAL COURT
106. CITY: NEWARK

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

Time Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) CIRRHOSIS — (AT) MONTHS

Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

(B) CANCER BILE DUCT — (BT) MONTHS
(C) — (CT)
(D) — (DT)

108. DEATH REPORTED TO CORONER? ☒ YES ☐ NO — REFERRAL NUMBER 2005-03134
109. BIOPSY PERFORMED? ☐ YES ☒ NO
110. AUTOPSY PERFORMED? ☐ YES ☒ NO
111. USED IN DETERMINING CAUSE? ☐ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date): NO
113A. IF FEMALE, PREGNANT IN LAST YEAR? ☐ YES ☐ NO ☐ UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED
Decedent Attended Since (A) mm/dd/ccyy: 01/15/2005
Decedent Last Seen Alive (B) mm/dd/ccyy: 09/15/2005
115. SIGNATURE AND TITLE OF CERTIFIER: [signature] M.D.
116. LICENSE NUMBER: G006280
117. DATE mm/dd/ccyy: 11/07/2005
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: HOWARD ROSENBLUM, M.D. 39400 PASEO PADRE PARKWAY, FREMONT CA 94538

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED
MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined
120. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK
121. INJURY DATE mm/dd/ccyy:
122. HOUR (24 Hours):
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.):
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury):
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP):
126. SIGNATURE OF CORONER / DEPUTY CORONER:
127. DATE mm/dd/ccyy:
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER:

STATE REGISTRAR

A	B	C	D	E		FAX AUTH. #
						84717

000497240

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

202503

[signature] m.d.
HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

DATE ISSUED: 11/10/2005

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

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE