

BOOK *429* PAGE *003-005*
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. FEES *16⁰⁰*

202503

1
2 RECORDING REQUESTED BY:

3 HARALD WESTENDORF, ESQ.

4 AND WHEN RECORDED, RETURN TO:

5
6 KAY E. HELLEY
7 35181 Donegal Court
8 Newark, CA 94560

9 **AFFIDAVIT OF DEATH**
10 **(JOINT TENANT)**

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

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

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

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

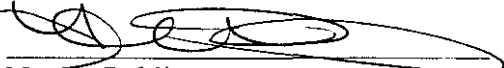
24 DATED: December 1, 2005

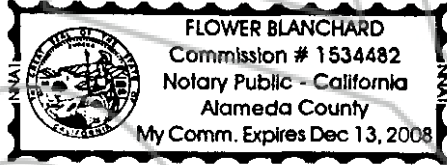
25 *Kay E. Helley*
26 _____
27 KAY E. HELLEY
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STATE OF CALIFORNIA)
) SS.
COUNTY OF ALAMEDA)

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



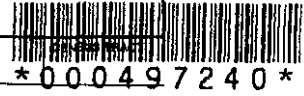
CERTIFICATION OF VITAL RECORD

**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT**

CERTIFICATE OF DEATH

3200501007141

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/03)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
EDWARD		JOHN		HELLEY, JR.	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs		6. SEX	
08/14/1939		66		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
NJ		[REDACTED]		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
12. MARITAL STATUS (at Time of Death)		13. DATE OF DEATH mm/dd/yyyy		14. HOURS (24 hours)	
MARRIED		11/04/2005		0645	
15. EDUCATION - Highest Level/Degree (see worksheet on back)		16. WAS DECEDENT SPANISH/SPANIC/LATINO? (if yes, see worksheet on back)		17. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
DOCTORATE		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
GEOLOGIST		FEDERAL GOVERNMENT		30	
20. DECEDENT'S RESIDENCE (Street and number or location)					
35181 DONEGAL COURT					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
NEWARK		ALAMEDA		94560	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
43		CA			
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
KAY HELLEY- WIFE		35181 DONEGAL COURT, NEWARK CA 94560			
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
KAY		E.		BRANDVOLD	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
EDWARD		JOHN		HELLEY SR.	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST		36. MIDDLE	
NJ		MARY		SKERCHEK	
37. LAST (Maiden)		38. BIRTH STATE			
SKERCHEK		NJ			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
11/08/2005		RES; KAY HELLEY 35181 DONEGAL COURT, NEWARK CA 94560			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/RES		NOT EMBALMED		-	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
CHAPEL OF THE CHIMES		FD 1240		[Signature] ycw	
47. DATE mm/dd/yyyy		48. DATE mm/dd/yyyy			
11/08/2005		11/08/2005			
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
OWN RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> EROP <input type="checkbox"/> OOA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
ALAMEDA		35181 DONEGAL COURT		NEWARK	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		108. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		109. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CIRRHOSIS		MONTHS		2005-03134	
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		108. BIOPSY PERFORMED?		109. BIOPSY PERFORMED?	
CANCER BILE DUCT		MONTHS		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
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					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent: Attested Since		[Signature] M.D.		G006280	
(A) mm/dd/yyyy		(B) mm/dd/yyyy		117. DATE mm/dd/yyyy	
01/15/2005		09/15/2005		11/07/2005	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
HOWARD ROSENBLUM, M.D. 39400 PASEO PADRE PARKWAY, FREMONT CA 94538					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
125. SIGNATURE OF CORONER / DEPUTY CORONER					
126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		A B C D E		FAX AUTH. # 84717	



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document on file with the Alameda County Health Care Services Agency.

[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.

