



**Affidavit-Termination of Joint Tenancy  
(Death of a Joint Tenant)**

ASSESSOR'S PARCEL NO. (APN#): 005-700-18

|  |
|--|
| RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO |
| Name: <u>Mary Lou Kearney</u>                    |
| Address: <u>5794 E. Tarpey Drive</u>             |
| City/State/Zip: <u>Fresno, CA 93727-7271</u>     |

I, Mary Lou Kearney, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That Edward Perry Kearney, the decedent mentioned in the  
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Edward Perry Kearney  
(Deceased Name as shown on Deed)

named as one of the parties in that certain Grant Deed,  
(Type of Document)

dated on the 17th day of July, 2002, and executed by  
Mary Lou Kearney, known as "Grantor(s)" to Edward Perry Kearney,  
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 178988, on the  
2nd day of November, 2002, in book 352, of Official Records of  
Eureka County, Nevada, covering the following described property situated in the City of  
Crescent Valley, County of Eureka, State of Nevada.  
(Set forth legal description and commonly known street address, if known)

NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF THE SOUTHWEST  
QUARTER SECTION 31, TOWNSHIP 29N, RANGE 49E

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of \$ 0.00.

In witness Whereof, I/We have hereunto set my hand/our hands this 20th day of May, 2011.

|  |                           |
|--|---------------------------|
| <u>Mary Lou Kearney</u><br>(Signature)               | _____                     |
| <u>Mary Lou Kearney</u><br>(Print or type name here) | _____                     |
| _____  | (Signature)               |
| _____  | (Print or type name here) |

STATE OF NEVADA CALIFORNIA )

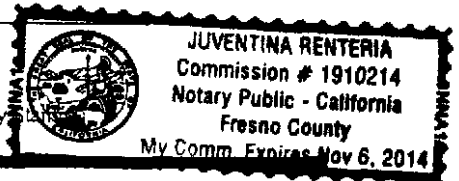
COUNTY OF EUREKA FRESNO )

This instrument was acknowledged before me on (date) May 20th, 2011

By (person(s) appearing before notary public) Juventina Renteria

Juventina Renteria  
(Notary Public)

My Commission expires: Nov. 6, 2014



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF FRESNO**  
DEPARTMENT OF PUBLIC HEALTH  
FRESNO, CALIFORNIA

3052011054330

**CERTIFICATE OF DEATH**

3201110001482

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| STATE FILE NUMBER  |  | STATE OF CALIFORNIA<br>USE BLACK INK ONLY. NO SPACES, HYPHENS OR ALTERATIONS<br>VS-1 (REV. 3/08)  |   | LOCAL REGISTRATION NUMBER   |  |
| 1. NAME OF DECEDENT - FIRST (Given)<br><b>EDWARD</b>   |  | 2. MIDDLE<br><b>PERRY</b>   |   | 3. LAST (Family)<br><b>KEARNEY</b>  |  |
| AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)<br><b>EDDIE P. KEARNEY</b>   |  | 4. DATE OF BIRTH mm/dd/yyyy<br><b>09/22/1955</b>  |   | 5. AGE Yrs. <b>55</b>   |  |
| 6. BIRTH STATE/FOREIGN COUNTRY<br><b>NEVADA</b>  |  | 7. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK                                      |   | 8. MARITAL STATUS/SDOP* (if listed on death)<br><b>NEVER MARRIED</b>  |  |
| 9. EDUCATION - Highest Level/Degree (See worksheet on back)<br><b>BACHELOR</b>   |  | 14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK                       |   | 16. DECEDENT'S RACE - List to 5 races may be listed (see worksheet on back)<br><b>HISPANIC</b>  |  |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED<br><b>LEAD TECHNICIAN</b>   |  | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)<br><b>GOVERNMENT IRS SERVICES</b>                                |   | 19. YEARS IN OCCUPATION<br><b>20</b>  |  |
| 20. DECEDENT'S RESIDENCE (Street and number, or location)<br><b>5794 EAST TARPEY DRIVE</b>   |  |   |   |   |  |
| 21. CITY<br><b>FRESNO</b>  |  | 22. COUNTY/PROVINCE<br><b>FRESNO</b>  |   | 25. STATE/FOREIGN COUNTRY<br><b>CA</b>  |  |
| 26. INFORMANT'S NAME, RELATIONSHIP<br><b>MARY LOU KEARNEY, MOTHER</b>  |  |   | 27. INFORMANT'S MAILING ADDRESS (Street and number, or P.O. box number, city or town, state and ZIP)<br><b>5794 EAST TARPEY DRIVE, FRESNO, CA 93727</b> |   |  |
| 28. NAME OF SURVIVING SPOUSE/SPOP - FIRST<br><b>MARY LOU</b>   |  | 29. MIDDLE<br><b>-</b>  |   | 30. LAST (BIRTH NAME)<br><b>QUINTANA</b>  |  |
| 31. NAME OF FATHER/PARENT - FIRST<br><b>JOHN</b>   |  | 32. MIDDLE<br><b>PERRY</b>  |   | 34. BIRTH STATE<br><b>NM</b>  |  |
| 35. NAME OF MOTHER/PARENT - FIRST<br><b>MARY LOU</b>   |  | 36. MIDDLE<br><b>-</b>  |   | 38. BIRTH STATE<br><b>CA</b>  |  |
| 39. DISPOSITION DATE, mm/dd/yyyy<br><b>03/24/2011</b>  |  | 40. PLACE OF FINAL DISPOSITION<br><b>MARY LOU KEARNEY - RESIDENCE<br/>5794 EAST TARPEY DRIVE, FRESNO, CA 93727</b>  |   |   |  |
| 41. TYPE OF DISPOSITION(S)<br><b>CR/BU</b>   |  | 42. SIGNATURE OF EMBALMER<br><b>NOT EMBALMED</b>  |   | 43. LICENSE NUMBER<br><b>50</b>   |  |
| 44. NAME OF FUNERAL ESTABLISHMENT<br><b>BOICE FUNERAL HOME</b>   |  | 45. LICENSE NUMBER<br><b>FD-503</b>   |   | 46. SIGNATURE OF LOCAL REGISTRAR<br><b>EDWARD L MORENO, MD</b>  |  |
| 47. DATE mm/dd/yyyy<br><b>03/24/2011</b>   |  |   |   |   |  |
| 101. PLACE OF DEATH<br><b>COMMUNITY REGIONAL MEDICAL CENTER</b>  |  | 102. IF HOSPITAL, SPECIFY ONE<br><input type="checkbox"/> P <input checked="" type="checkbox"/> EXCP <input type="checkbox"/> DON <input type="checkbox"/> Hospital |   | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE<br><input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other |  |
| 104. COUNTY<br><b>FRESNO</b>   |  | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)<br><b>2823 FRESNO STREET</b>   |   | 106. CITY<br><b>FRESNO</b>  |  |
| 107. CAUSE OF DEATH<br>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.<br><b>A) RESPIRATORY ARREST</b>  |  | 108. TIME BETWEEN ONSET OF DEATH AND REPORT TO CORONER<br><b>IMMED</b>  |   | 109. DEATH REPORTED TO CORONER<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |  |
| 110. IMMEDIATE CAUSE (Final disease or condition resulting in death)<br><b>B) MYOCARDIAL INFARCTION</b>  |  | 110. BIOPSY PERFORMED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |   | 111. AUTOPSY PERFORMED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  |
| 110. UNDERLYING CAUSE (Disease or injury that initiated the event resulting in death) LAST<br><b>C) CORONARY ARTERY DISEASE</b>  |  | 111. USE? IN DETERMINING CAUSE?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |   |   |  |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107<br><b>END STAGE RENAL DISEASE</b>   |  |   |   |   |  |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and case)<br><b>NO</b>  |  |   |   |   |  |
| 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.<br>W. mm/dd/yyyy (Date of Death) (B) mm/dd/yyyy (Date of Last Seen Alive)<br><b>03/15/2011 03/17/2011</b>  |  | 115. SIGNATURE AND TITLE OF CERTIFIER<br><b>STEPHEN MICHAEL GROSSMAN M.D.</b>   |   | 116. LICENSE NUMBER<br><b>G64749</b>  |  |
| 117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE<br><b>STEPHEN MICHAEL GROSSMAN M.D.</b>  |  | 118. DATE mm/dd/yyyy<br><b>03/24/2011</b>   |   |   |  |
| 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.<br>MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined |  |   |   |   |  |
| 120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK  |  |   |   |   |  |
| 121. INJURY DATE mm/dd/yyyy  |  |   |   |   |  |
| 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/yyyy   |  |   |   |   |  |
| 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER  |  |   |   |   |  |

STATE REGISTRAR      A      B      C      D      E      \*010001001740774\*      FAX AUTH.#      CENSUS TRACT

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CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF FRESNO

\* 000909569 \*

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Fresno Co. Department of Public Health.

DATE ISSUED **APRIL 06 2011**

*Edward Y. 14*  
COUNTY HEALTH OFFICER  
REGISTRAR OF VITAL STATISTICS

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

