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AFFIDAVIT OF DEATH OF JOINT TENENT

STATE OF NEVADA )  
                          : ss.  
COUNTY OF DOUGLAS )

ARTHUR W. HICKS, being first duly sworn, deposes and says:

1. That your Affiant was the son of HELENE J. HICKS, deceased; that said HELENE J. HICKS died on the 28th day of October, 1981 as evidenced by the certified copy of the Ceritificate of Death attached hereto and incorporated herein as Exhibit "A"; that said HELENE J. HICKS is named one of the parties in that certain Grant Deed dated October 13, 1981, executed by HELENE J. HICKS to HELENE J. HICKS, a widos and ARTHUR W. HICKS, a married man, mother and son as joint tenants, recorded as instrument number 61144 on October 13, 1981, in Book 1081, Page 664 of the Official Records of Douglas County, State of Nevada, concerning the real property situated in the County of Douglas, State of Nevada and described as follows:

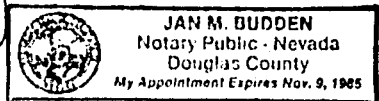
Lot 105 as shown on the official map of Kingslane Unit No. 1, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 26, 1968.

DATED this 26 day of October, 1982.

Arthur W. Hicks  
ARTHUR W. HICKS

On the 26th day of October, 1982, personally appeared before me, a Notary Public, ARTHUR W. HICKS, who acknowledged that he executed the above instrument freely and voluntarily.

Jan M. Budden  
NOTARY PUBLIC



# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

	LOCAL FILE NUMBER	DECLASED-NAME First Middle Last <b>Helene Juliet HICKS</b>	DATE OF DEATH (Month, Day, Year) <b>October 28, 1981</b>	STATE FILE NUMBER	COUNTY OF DEATH <b>Carson City</b>
CEDENT	3b CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>	3c HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) <b>Carson Tahoe Hospital</b>	3d If Hosp or Inst. Inocain DOA, OP, Emer Pen, Inpatient (Specify) <b>Inpatient</b>		
DEATH OCCURRED IN INSTITUTION (LANDROOM, JARDING, LECTURE, ETC.)	4a RACE—19, White, Black, American Indian, etc. (Specify) <b>White</b>	4b ETHNIC <b>American</b>	5a AGE—Last Birthday (Years) Mo. Day <b>72</b>	5b UNDER 1 YEAR MOS. DAYS	5c UNDER 1 DAY HOURS MINS
MENTS	6 STATE OF BIRTH (If not U.S.A., name country) <b>California</b>	7 CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	8 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	9 DATE OF BIRTH (Mo., Day, Yr.) <b>June 11, 1909</b>	10 SEX <b>Female</b>
SITION	11 SOCIAL SECURITY NUMBER <b>4170</b>	12 USUAL OCCUPATION (One kind of Work Done During Most of Working Life, Even if Retired) <b>Housewife</b>	13 SURVIVING SPOUSE (If wife, give maiden name)	14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>No</b>	
TIFIER	15a RESIDENCE—STATE <b>Nevada</b>	15b COUNTY <b>Douglas</b>	15c CITY, TOWN, OR LOCATION <b>Gardnerville</b>	15d STREET AND NUMBER <b>Kings Lane</b>	15e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
SE OF DEATH	16 FATHER—NAME First Middle Last		17 MOTHER—MAIDEN NAME First Middle Last		
	18a DECEASED—NAME (Type or Print) <b>Arthur HICKS</b>		18b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P.O. Box 755 Minden, Nevada 89423-755</b>		
	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>	19b CEMETERY OR CREMATORY—NAME <b>Lone Mountain Cemetery</b>	19c LOCATION City or Town State <b>Carson City, Nevada</b>		
	20a FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such) <i>William Thomas</i>	20b NAME AND ADDRESS OF FACILITY <b>Walton Funeral Home 1281 N Roop St. Carson City, Nevada</b>			
	21a To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated. (Signature and Title) <i>William Thomas</i> DATE SIGNED (Mo., Day, Yr.) <b>10/29/81</b>		21b HOUR OF DEATH <b>1640</b>		21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
	22a To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated. (Signature and Title) _____ DATE SIGNED (Mo., Day, Yr.) _____		22b HOUR OF DEATH		22c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
	23 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) <b>William Thomas 1000 N. Division St. Carson City, Nevada 89701 (MD)</b>		24 REGISTRAR (Signature) <i>John H. Carr</i>		
	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PLEASE FOR (a), (b), AND (c)) <b>metastatic cancer of pancreas</b>		26 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>October 29, 1981</b>		
	PART 1 (a) DUE TO, OR AS A CONSEQUENCE OF	Interval between onset and death		<b>6 months</b>	
	(b) DUE TO, OR AS A CONSEQUENCE OF	Interval between onset and death			
	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a)	Interval between onset and death			
	27a ACC. UNDER HEAVEN (CHECK OR PRETENDING PRIEST) (Specify)	27b DATE OF INJURY (Mo., Day, Yr.)	27c HOUR OF INJURY	27d DESCRIBE HOW INJURY OCCURRED	
	27e INJURY AT WORK (Specify Yes or No)	27f PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)	27g LOCATION	27h STREET OR R.F.D. No	27i CITY OR TOWN STATE

This is to certify that the above is a true and correct copy of the certificate on file in this office.

**SEAL**

**No 27091**

*John H. Carr, M.D.*  
John H. Carr, M.D.  
STATE REGISTRAR

Date Issued: **10 29 1981**

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STATE OF NEVADA )  
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ARTHUR W. HICKS, being first duly sworn, deposes and says:

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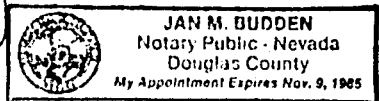
Lot 105 as shown on the official map of Kingslane Unit No. 1, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 26, 1968.

DATED this 26 day of October, 1982.

*Arthur W. Hicks*  
ARTHUR W. HICKS

On the 26th day of October, 1982, personally appeared before me, a Notary Public, ARTHUR W. HICKS, who acknowledged that he executed the above instrument freely and voluntarily.

*J. M. Budden*  
NOTARY PUBLIC



# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

	LOCAL FILE NUMBER	DECLASED-NAME First Middle Last <b>Helene Juliet HICKS</b>	DATE OF DEATH (Month, Day, Year) <b>October 28, 1981</b>	STATE FILE NUMBER	COUNTY OF DEATH <b>Carson City</b>
CEDENT	3b CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) <b>Carson Tahoe Hospital</b>		3d If Hosp or Inst. Inocain DOA, OP, Emer Pen, Inpatient (Specify) <b>Inpatient</b>
DEATH OCCURRED IN INSTITUTION (LANDROOM AND/OR LOCATION OF DEATH ITEMS)	4a RACE—19, White, Black, American Indian, etc. (Specify) <b>White</b>	4b ETHNIC <b>American</b>	5a AGE—Last Birthday (Years) <b>72</b>	5b UNDER 1 YEAR MOS : DAYS	5c UNDER 1 DAY HOURS : MINS
IDENTIFIERS	6 STATE OF BIRTH (If not U.S.A., name country) <b>California</b>	7 CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	8 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	9 SURVIVING SPOUSE (If wife, give maiden name)	10 DATE OF BIRTH (Mo., Day, Yr.) <b>June 11, 1909</b>
IDENTIFIERS	11 SOCIAL SECURITY NUMBER <b>4170</b>	12 USUAL OCCUPATION (One kind of Work Done During Most of Working Life, Even if Retired) <b>Housewife</b>	13 KIND OF BUSINESS OR INDUSTRY <b>Homemaking</b>	14 WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>No</b>	
IDENTIFIERS	15a RESIDENCE—STATE <b>Nevada</b>	15b COUNTY <b>Douglas</b>	15c CITY, TOWN, OR LOCATION <b>Gardnerville</b>	15d STREET AND NUMBER <b>Kings Lane</b>	15e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
IDENTIFIERS	16 FATHER—NAME First Middle Last		17 MOTHER—MAIDEN NAME First Middle Last		
IDENTIFIERS	18a DECEASED—NAME (Type or Print) <b>Arthur HICKS</b>		18b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P.O. Box 755 Minden, Nevada 89423-755</b>		
IDENTIFIERS	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>	19b CEMETERY OR CREMATORY—NAME <b>Lone Mountain Cemetery</b>	19c LOCATION City or Town State <b>Carson City, Nevada</b>		
IDENTIFIERS	20a FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such) <i>William Thomas</i>	20b NAME AND ADDRESS OF FACILITY <b>Walton Funeral Home 1281 N Roop St. Carson City, Nevada</b>			
IDENTIFIERS	21a To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated. (Signature and Title) <i>William Thomas</i> DATE SIGNED (Mo., Day, Yr.) <b>10/29/81</b>		21b HOUR OF DEATH <b>1640</b>		21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
IDENTIFIERS	22a To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated. (Signature and Title) <i>William Thomas</i> DATE SIGNED (Mo., Day, Yr.)		22b HOUR OF DEATH		22c PRONOUNCED DEAD (Mo., Day, Yr.)
IDENTIFIERS	22d ON		22e AT		22f PRONOUNCED DEAD (How)
23 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) <b>William Thomas 1000 N. Division St. Carson City, Nevada 89701 (MD)</b>					
24 REGISTRAR <i>John H. Carr</i> DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>October 29, 1981</b>					
IDENTIFIERS	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PLEASE FOR (a), (b), AND (c)) <b>metastatic cancer of pancreas</b>				Interval between onset and death <b>6 months</b>
IDENTIFIERS	PART 1 (a) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death
IDENTIFIERS	PART 1 (b) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death
IDENTIFIERS	PART 1 (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a)				Interval between onset and death
26 AUTOPSY (Specify Yes or No) <b>No</b>			27 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) <b>No</b>		
28a ACC. UNDER MAR. UNDET. OR PREV. INJURY (Specify Yes or No)	28b DATE OF INJURY (Mo., Day, Yr.)	28c HOUR OF INJURY	28d DESCRIBE HOW INJURY OCCURRED		
28e INJURY AT WORK (Specify Yes or No)	28f PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)	28g LOCATION	28h STREET OR R.F.D. No	28i CITY OR TOWN	28j STATE

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: **10 29 1981**

**SEAL**

**No 27091**

*John H. Carr, M.D.*  
John H. Carr, M.D.  
STATE REGISTRAR



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