| When recorded mail to:   |
|--|
| Mr. Larry Hatcher  |
| GARONEEVILLE, NV 89410:  |
|  |
|  |
|  |
| AFFIDAVIT BY SURVIVING JOINT TENANT  |
|  |
| STATE OF NEVADA )  |
| COUNTY OF POUGLAS )  |
| COUNTY OF DOUGLAS  |
| LAWRENCE R. HATCHER , being first duly sworn, deposes  |
| and says:  |
| That Affiant is the surviving spouse of DORIS M. HATCHER ,   |
| and that the Affiant and the said DORIS M. HATCHER   |
| deceased are the Grantees in Joint Tenancy under that certain Joint Tenancy  |
| Deed dated the 4th day of May, 1971, under the terms of  |
| which MITCHELL P. OXOBY and GERTRUDE M. OXOBY, husband and wife  |
|  |
| was Seller, to LAWRENCE R. HATCHER and DORIS M. HATCHER,   |
| , husband and wife, as Joint Tenants, upon the terms, coven-   |
| ants and provisions as set forth therein, said document recorded May 11,   |
| 1971, in Book 86. Page 560, being Document No.   |
|  |
| Nevada,, affecting all that certain piece or parcel of land,   |
| situate in the County of, State of, State of   |
| Lot 18, as shown on the Map of Carson Valley Estates   |
| Subdivision, Unit No. 1, filed in the Office of the County Recorder of Douglas County, Nevada, on July   |
| 19, 1965.  |
|  |
|  |
|  |
| That the said DORIS M. HATCHER , one of the  |
| the Joint Tenancy Deed, died on the 29th day of May, 1983  |
| , and is the identical person named in that certain certified copy   |
|  |
| of Certificate of Death, attached hereto as Exhibit "A", that the said certified   |
| of Certificate of Death, attached hereto as Exhibit "A", that the said certified copy of Death Certificate is hereby refered to and by such reference is incorp- |
|  |

081806 BOOK 683PAGE1644

|   | nabove described, vested absolutely in Af |
|---|---|
| namely, LAWRENCE R. HATCH                   |   |
| as of the date of decedent's death.         |   |
|   |   |
|   |   |
|   |   |
|   | I SITAL                                   |
|   | LAWRENCE R. HATCHER                       |
|   |   |
| SUBSCRIBED AND SWORN TO Before              | me  |
| this 17th day of Just, 198                  |   |
|   |   |
| Charles Lobanover                           |   |
| NOTARY PUBLIC                               |   |
| NOIARI PUBLIC                               |   |
|   |   |
| CHARLENE L. HANOVER NOTARY PUBLIC - NEVADA  |   |
| Douglas County My Appt. Expires May 9, 1986 |   |
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| tara e   |  | The second are asserted that the       | AC 11541711 - ACATION  |  | \.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.                                 |  |  |
|--|--|--|--|--|--|--|--|
|  | ROLL 54 IMAGE  | 357                                    | OF HEALTH — SECTION CERTIFICATE OF   |  | \·\  |  |  |
| 4  | LOCAL FILE MUM                                       | 776                                    | •  |  | STATE FRE NUMBER   |  |  |
| OR PHINT   | ,              | rst Mintelle                           | Lost   | DATE OF DEATH Month, Day, Year                             | COUNTY OF DEATH  |  |  |
| PERMANENT<br>BLACK INK   | Doris  | Myrtle                                 | HATCHER  | <sup>2</sup> May 29, 1983                                  | 3 Washoe   |  |  |
|  | (Specify Yes or Me) Run Impation (Specify)           |  |  |  |  |  |  |
| DECEDENT   | RACI - IP D. White, Black, A                         | merican ElHAC                          | AGE-LIN UNDER 1 YE   |  | 30 Inpatient<br>H (Mo, Doy, Yr)   SEX                                  |  |  |
|  | 4º White   | 4 American                             | Bethday (Years) MOS DA   | ys Hours lines 6 Octob                                     | er 19. 1920 'Female  |  |  |
| S MAIS<br>SECTION  | STATE OF BIRTH<br>IN min U.S.A., nome country)       | CITIZEN OF WHAT COUN                   | ITRY MARRIED, NEVER MARR   | ED, SURVIVING SPOUSE IN well                               | L gue mades namel WAS DECEDENT EVER IN                                 |  |  |
| ACTIVATION IN  | British Col  |  | A. Married   | I lawrence H   | atcher Specify Yes or May No   |  |  |
| Comples of the complete of the comples of the complete of the comples of the complex of the comp | SOCIAL SECURITY NUMBER                               | Whiteng Life, Even if Flori            | ve Kind of Work Done During Most of<br>Herth   | KIND OF BUSINESS OR INDUSTRY                               |  |  |  |
|  | -3481  | 14 Real Esta                           | te Broker  | 146 Real Estate  | INSIDE CITY LIMITS   |  |  |
| <b>└&gt;</b> [   | Nevada،  | ı∞ Douglas                             | ı∞ Gardnerville  | / /  | (Specify Yes or Nat  |  |  |
| (Caramere)   | FATHER- MAARE FIRST                                  | Made                                   | Last MOTHEN-AL   | ADEN MARE FOR  | be St. 154 Yes   |  |  |
| (PARENTS)  | 16 Albert  | H                                      | errick 17 Marc   | aret   | Wisdom   |  |  |
| ***  | INFORMANT - NAME (Type or                            | •                                      | MAILING ADDRESS  | (Street or R.F.D. No., City or To                          | norn, State, Zipl  |  |  |
|  | HAMINAL CHEMATION, NEMO                              |  | 18 P.O. Box 50   | 7, Gardnerville, N   | evada 89416  |  |  |
|  |  |  | HY OR CHEMATORY - HAME   | LOCATION   | City or Town State   |  |  |
| DREOSIDON  | PaCremation  | PAR ED POSTER ALTER IN SHIPS HAME A    | ierra Crematory  | . I™ Ren   | o Nevada   |  |  |
| Ĺ  | 200  |  |  | 975 West Second  | Street, Reno, NV 89503   |  |  |
| 2  | 21a To the test of my I                              | newledge, shouth occurred of the time, | late and place and   | 228 United Bests of Experimental States.                   | en maaringstoor' in wit dividion desty occinies                        |  |  |
|  | 53 Signature and Tale                                | × 1/1. /. +                            | helul 15   | at the time, date and place and du  § (Signature and Tale) | to the Cause(s) slated   |  |  |
|  | DATE SIGNED IM                                       | -\. /\ -                               | الم الم  | DATE SIGHED (Me. Day, Yr.)                                 | HOUR OF DEATH  |  |  |
| CERTIFIER  | NAME OF ATTEM  | 3//83   216 6:4                        | 5Р.М.  | 9  | 27c  |  |  |
|  | SE SAME OF ATTEND                                    | . \ \                                  | C C C C C C C C C C C C C C C C C C C  | PRONOUNCED DEAD (Me. Der. Yr.)                             | PRONOUNCED DEAD (Hour)   |  |  |
|  | MAME AND ADDRE                                       | ESS OF CENTHER PHYSICIAN, MEDIC        | 1. C. LUSKEY UV  | 22d ON   | 22e. AT  |  |  |
| - /L   | 23 845   | - Ather                                | Reno No  | Chanles E  | MaCuekou In M D  |  |  |
| CONTILIONS   | HI GISTRAR   | 1. 1.                                  | DATE RECEIVED BY RE  | Charles F  | . McCuskey, Jr., M. D.   |  |  |
| WINCH GAVE   | 24a (Saynetur)                                       | reliashor                              | Dep. 246 May   | 31. 1983 24c YESCI   | мус  |  |  |
| MINITUATE CAUSE  |  | IENTER ONLY UME CAUSE PER EME F        | ON INT WIN YARD ICS)   |  | * Interval between onset and death                                     |  |  |
| STATING THE<br>UNDERLYING<br>CAUSE LAST  | PART IN 19 5   | PLBATORS,                              | ARAEST   |  |  |  |  |
|  | la Pa  | 1 / 8                                  | Ca a   | ith Autostoses   | Interval between onset and death                                       |  |  |
| - <del>  -&gt;  </del>   | OUT O OH AS  | A CONSTQUENCE OF                       | MICITIONS (  | ALL MARIENSES  | Intervel between onset and death                                       |  |  |
| COULTE   | ( kg   |  |  |  |  |  |  |
|  | OTHER SKINFICAN                                      | CONDITIONS Curbines contributing       | to death but not related to cause given a  | PART 1 (a) AUTOPSY   | (Specify WAS CASE REFERRED TO<br>ES AT MAY CORONER (Specify Yes or Ma) |  |  |
|  | Cache  | DATE OF HUURY ING. Dev. YT HO          |  | 26 NO  | 27. NO   |  |  |
|  | ACC.SHOOL, HOM UNDET,<br>OR PENUNG WARST<br>(Synchr) |  | B  | MJURY OCCURRED   |  |  |  |
|  | 78.<br>MARY AT WORK                                  | PLACE OF HAJIRY—As home, form,         | The Company of the Co | STREET ON H F D No   | CITY OR TOWN STATE   |  |  |
| L.   | (Specify Yes or Not<br>78e                           | turing oc /S                           |  |  | SIAIE  |  |  |
|  | V  | 1 204                                  |  | ·  |  |  |  |

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