

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME Mr. Edward C. Hanson
STREET ADDRESS 520 Gentry Way, #7
CITY, STATE, ZIP Reno, NV 89502

Order No. 38285MVM Escrow No.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit--Death of Joint Tenant

STATE OF NEVADA, Nevada

County of Douglas

ss.

EDWARD C. HANSON, of legal age, being first duly sworn, deposes and says: That KATHLEEN L. HANSON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as KATHLEEN L. HANSON, named as one of the parties in that certain Deed dated May 5, 1975, executed by TOPAZ DEVELOPMENT CORP., a Nevada Corporation to EDWARD C. HANSON AND KATHLEEN L. HANSON, husband and wife, as joint tenants, recorded as Instrument No. 110519, on November 27, 1984, in book 1184, page 2109, of Official Records of Douglas County, California, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 11, in Block J, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed in the office of the County Recorder of Douglas County, Nevada, on November 16, 1970.

Assessment Parcel No. 37-433-11

Edward C. Hanson
EDWARD C. HANSON

Dated November 27, 1984

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 27th day of November, 1984

[Signature]
Notary Public in and for said County and State

WICKY D. HARRISON
Notary Public - State of Nevada
County of Douglas
My Appointment Expires May 20, 1985

(This area for official notarial seal) 110520

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

ROLL 53 IMAGE 837

293

LOCAL FILE NUMBER		293		STATE FILE NUMBER	
DECEASED—NAME 1 Kathleen Lillian HANSON			DATE OF DEATH (Month, Day, Year) 2 February 21, 1983		COUNTY OF DEATH 3a Washoe
CITY, TOWN, OR LOCATION OF DEATH 3b Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number) 3c Washoe Medical Center		INSIDE CITY LIMITS (Specify Yes or No) 3d Yes	If Hosp or Inst indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e Inpatient
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4a White		ETHNIC 4b American	AGE—Last Birthday (Years) 5a 57	UNDER 1 YEAR MOS : DAYS 5b :	UNDER 1 DAY HOURS : MINS 5c :
STATE OF BIRTH (If not U.S.A., name country) 6 Iowa		CITIZEN OF WHAT COUNTRY 7 U.S.A.		DATE OF BIRTH (Mo., Day, Yr.) 8 March 8, 1925	SEX 9 Female
SOCIAL SECURITY NUMBER 13 2893		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a Homemaker		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	
RESIDENCE—STATE 15a Nevada		COUNTY 15b Washoe	CITY, TOWN, OR LOCATION 15c Reno	STREET AND NUMBER 15d 520 Gentry #7	
FATHER—NAME 16 William Bicknese			MOTHER—MAIDEN NAME 17		
INFORMANT—NAME (Type or Print) 18a Edward C. Hanson			MARITAL ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b 520 Gentry #7 Reno, Nevada 89502		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Cremation		CEMETERY OR CREMATORY—NAME 19b Masonic Memorial Garden		LOCATION City or Town State 19c Reno Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a <i>Michael M. Bernick</i>		NAME AND ADDRESS OF FACILITY 20b Ross Burke & Knobel 2155 Kietzke Lane Reno, Nevada 89502			
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>Vernon O. McCarty</i> DATE SIGNED (Mo., Day, Yr.) 21b		21c. HOUR OF DEATH 21c 10:30 a.m.		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Vernon O. McCarty</i> DATE SIGNED (Mo., Day, Yr.) 22b February 23, 1983	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d		22c. HOUR OF DEATH 22c 10:30 a.m.		22d. PROMOUNCED DEAD (Mo., Day, Yr.) 22d ON February 21, 1983	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23 Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520					
REGISTRAR 24a (Signature) <i>Russell Steen</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b February 24, 1983		DEATH DUE TO COMMUNICABLE DISEASE 24c YES ( ) NO (X)	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) Cirrhosis of the liver		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF (b) Chronic ethanolism		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF (c)		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No) 26. Yes	
ACC. SUICIDE, HON. UNDET. OR PENDING INVEST (Specify) 28a		DATE OF INJURY (Mo., Day, Yr.) 28b	HOUR OF INJURY 28c M	DESCRIBE HOW INJURY OCCURRED 28d	
INJURY AT WORK (Specify Yes or No) 28e		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f		LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 28g	

110520 N° 37202

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FEB 25 1983

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*W. H. ...*

SEAL

*Suzanne Beaupreau*

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EXACTLY AS IT APPEARED IN THE  
ORIGINAL RECORDS AND  
MAY VARY IN TIME CHANGE IN  
COLOR OR APPEARANCE

REQUESTED BY

LAWYERS TITLE

IN OFFICIAL RECORDS OF  
DOUGLAS CO. CANADA

'84 NOV 27 P3:32

SUZANNE BEAUPREAU  
RECORDER

\$ 7<sup>00</sup> PAID *de* DEPUTY

110520

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