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AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA )  
                          ) ss.  
CARSON CITY        )

ROLLAND JAMES HINES, swears under penalty of perjury that the foregoing is true and correct:

That affiant is the person named as one of the grantees in that certain Deed of Trust with Assignment of Rents and Security Agreement recorded as Instrument No. 191444, in Book 1188, Page 3668, in the Office of the County Recorder of Douglas County, Nevada, State of Nevada on November 23, 1988, and which property is known and described as follows, to wit:

Lot 5, as shown on the Map of Ponderosa Park Subdivision, filed in the office of the County Recorder on February 25, 1970, Document No. 47249, Official Records of Douglas County, State of Nevada, Assessor's Parcel No. 07-162-05.

That ALBERTA A. HINES, was one of the grantees named in said Deed and was the identical person named as ALBERTA ANN HINES, the decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof, which person died on the 19th day of January, 1989, in Carson City, Nevada.

*Rolland James Hines*  
ROLLAND JAMES HINES

Subscribed and Sworn to before me, October 16, 1989.

*Maria Nelson*  
NOTARY PUBLIC



213087

# 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

89 000051

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH	
	1. Alberta	Ann	HINES	2. January 19, 1989	3a. Carson City		
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)			If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX	
	3b. Carson City	3c. Carson-Tahoe Hospital			3e. Inpatient /	4. Female	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)	
	5. White	6.	7a. 61	7b. :	7c. :	8. July 18, 1927	
PARENTS	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)		
	9a. Nebraska	9b. U.S.A.	10. 12	11. Married	12. Rolland Hines		
DISPOSITION	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY				
	13. -0576	14a. Homemaker 914	14b. Own Home 961				
CERTIFIER	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	Way	INSIDE CITY LIMITS (Specify Yes or No)	
	15a. Nevada	15b. Carson City	15c. Carson City	15d. 2681 Bel Aire	15e. Way	15f. Yes	
CAUSE OF DEATH	FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last					
	16. Albert Schieber	17. Rose Heny					
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
	18a. Rolland Hines	18b. 2681 Bel Aire Way, Carson City, Nevada 89706					
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State				
	19a. Cremation	19b. Masonic Crematory	19c. Reno, Nevada				
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY				
	20a. William Wittig	20b. 21	20c. 1281 N. Roop St., Carson City, Nv. 89706 02				
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			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) and manner stated.			
	(Signature and Title) <i>Carey Allison M.D.</i>			(Signature and Title) <i>[Signature]</i>			
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH		
	21b. 1-19-89	21c. 0840		22b.	22c.		
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
	21d.			22d. ON		22e. AT	
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)					LICENSE NUMBER	
	23a. Carey Allison M.D., 1001 N. Mountain, Carson City, Nv. 89703					23b. 5623	
CAUSE OF DEATH	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE				
	24a. (Signature) <i>[Signature]</i>	24b. January 20, 1989	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						
	PART I	(a) progressive cardiac failure 20				Interval between onset and death	
CAUSE OF DEATH	(b) acute anterior MI						Interval between onset and death
	(c)therosclerotic cardiovascular disease						Interval between onset and death
CAUSE OF DEATH	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)		
	PART II			26. No	27. Yes		
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED			
	28a.	28b.	28c. M	28d.			
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE	
	28e.	28f.	28g.				

STATE REGISTRAR

SEAL No.000472 5/6

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

Date Issued: SEP 14 1989

By: *[Signature]*  
Deputy Registrar

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BOOK 1089 PAGE 1894

213087

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Edward Bernard  
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'89 SEP 27 P3:33

'89 OCT 17 P1:15

**213087**

SUZANNE BEAUDREAU  
RECORDER **213087**

FILE NO. **213087**  
AT THE OFFICE OF  
CAROL CITY RECORDER  
BY M. Perondi DEPUTY

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