

AND WHEN RECORDED MAIL TO

NAME LYLE E. HEDRICK

STREET ADDRESS 1279 MANHATTAN WAY

CITY, STATE, ZIP GARDNERVILLE, NV. 89410

Order No. Escrow No.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit--Death of Joint Tenant

STATE OF NEVADA

County of DOUGLAS

ss.

LYLE E. HEDRICK

That RUTH KATHRYN HEDRICK, of legal age, being first duly sworn, deposes and says: Certificate of Death, is the same person as RUTH K. HEDRICK, the decedent mentioned in the attached certified copy of named as one of the parties in that certain Joint Tenancy Deed dated October 16, 1986, executed by THOMAS E. FOLEY and BARBARA J. ROGERS to LYLE E. HEDRICK and RUTH K. HEDRICK, husband and wife as joint tenants, recorded as Instrument No. 144310 on October 30, 1986, in book 1086, page 4053, of Official Records of Douglas County, Nevada covering the following described property situated in the County of Douglas, State of Nevada Lot 11, in Block D, as said Lot and Block are shown on the Amended Map of Ranchos Estates, filed in the office of the County Recorder of Douglas County, State of Nevada, on October 30, 1972, as Document No. 62493.

APN 27-654-06

Dated December 20, 1989

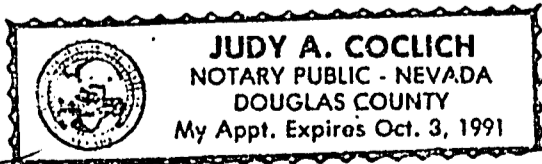
Lyle E. Hedrick

Lyle E. Hedrick

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 20th day of December, 1989

Judy A. Coclich

Notary Public in and for said County and State



216811

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(This area for official notarial seal)

# 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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER							
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH					
	1. Ruth Kathryn HEDRICK			2. December 6, 1989		3a. Douglas					
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, OPI/Emer. Frm. Inpatient (Specify)	SEX					
	3b. Gardnerville		3c. 1279 Manhattan Way		3e.	4. Female					
	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.)			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. White		6.		7a. 78	7b. :	7c. :	8. Feb. 22, 1911			
	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. Illinois		9b. U.S.A.		10.		11. Married		12. Lyle E. Hedrick		
PARENTS	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY						
	13. 9664		14a. Homemaker		14b. Own Home						
	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)		
DISPOSITION	15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 1279 Manhattan Way		15e. yes		
	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last							
	16. Anthony G. Walstra			17. Effie E. Bechtel							
CERTIFIER	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)							
	18a. Lyle E. Hedrick			18b. 1279 Manhattan Way, Gardnerville, Nevada 89410							
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State						
CAUSE OF DEATH	19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City Nevada						
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Signatory)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY						
	20a. <i>Lyle E. Hedrick</i>		20b. #36		20c. Crematory, P.O. Box 1775, Carson City, NV 89702						
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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>Lyle E. Hedrick</i>			(Signature and Title) <i>Lyle E. Hedrick</i>							
	DATE SIGNED (Mo., Day, Yr.) 21b. Dec. 7, 1989			HOUR OF DEATH 21c. 1455							
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				
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			LICENSE NUMBER							
ACC. SUICIDE, HOMICIDE OR PENDING INVEST (Specify)	23a. J. Forsythe, M.D., 75 Pringle Way, Reno, Nevada 89502			23b. #2864							
	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE						
	24a. <i>Helen R. Beckwith</i>		24b. Dec 11, 1989		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
INJURY AT WORK (Specify Yes or No)	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FORM (b) AND (c).)					Interval between onset and death					
	PART I (a) <i>Respiratory failure</i>					: 1 day					
	(b) <i>Emphysema</i>					: 10 years					
INJURY AT WORK (Specify Yes or No)	(c) <i>Lymphoma</i>					: 10 years					
	PART II 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)			
	25. no					26. no		27. yes			
INJURY AT WORK (Specify Yes or No)	ACC. SUICIDE, HOMICIDE OR PENDING INVEST (Specify)		UNDET.		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		
	28a.		28b.		28c.		28d.		28e.		
	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
INJURY AT WORK (Specify Yes or No)	28e.		28f.		28g.		28h.		28i.		

STATE REGISTRAR

No. 011493

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

Date Issued: DEC 11 1989

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY  
Lyle Hedrick  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'89 DEC 20 AIO :52

SUZANNE BEAUDREAU  
RECORDER **216811**  
\$ 7<sup>00</sup> PAID: K12 DEPUTY  
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