

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME James Archie Hill
 STREET ADDRESS 1054 Jewell Circle
 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 ~~MINNESOTA~~ Nevada, }
 County of Douglas } ss.

James Archie Hill, of legal age, being first duly sworn, deposes and says:
 That Jacqueline Nadine Hill, the decedent mentioned in the attached certified copy of
 Certificate of Death, is the same person as Jacqueline N. Hill, Sale Deed
 named as one of the parties in that certain Grant, Bargain and dated March 15, 1977,
 executed by Burton L. Evans and E. Lynn Evans
 to James Archie Hill and Jacqueline N. Hill, husband and wife,
 as joint tenants, recorded as Instrument No. 07939, on March 28, 1977, in
 book 377, page 1351, of Official Records of Douglas
 County, ~~California~~ covering the following described property situated in the
 Nevada County of Douglas, State of ~~California~~ Nevada:

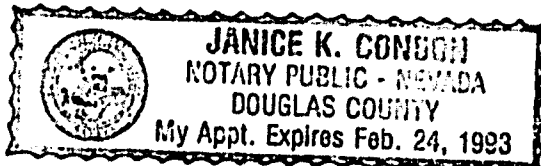
Lot 45, Pinenut Subdivision, as shown on the Official Map recorded
 in the office of the County Recorder on June 11, 1963, in Book 1 of
 Maps, Document No. 22783, Douglas County, records
 APN 23-223-14

Dated March 5, 1991

James Archie Hill
 James Archie Hill

SUBSCRIBED AND SWORN TO before me, the
 undersigned, a Notary Public in and for said County
 and State, this 5th day
 of March, 1991

Janice K. Conson
 Notary Public in and for said County and State



(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

	LOCAL FILE NUMBER	STATE FILE NUMBER
TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First Middle Last Jacqueline Nadine HILL	
	2. DATE OF DEATH (Month, Day, Year) February 22, 1991	
	3a. COUNTY OF DEATH Carson City	
DECEDENT	3b. Carson City	
	3c. Carson-Tahoe Hospital	
	3e. Inpatient	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	4. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White	
	5. STATE OF BIRTH (If not U.S.A., name country) California	
	6. CITIZEN OF WHAT COUNTRY USA	
PARENTS	7a. AGE—Last Birthday (Years) 66	
	7b. UNDER 1 YEAR MOS : DAYS 7d. 66	
	7c. UNDER 1 DAY HOURS : MINS 8. March 1, 1924	
DISPOSITION	8. DATE OF BIRTH (Mo., Day, Yr.) March 1, 1924	
	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
	12. SURVIVING SPOUSE (If wife, give maiden name) James Archie Hill	
CERTIFIER	10. Decedent's Education. Specify highest grade completed. 12	
	11. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker	
	14b. KIND OF BUSINESS OR INDUSTRY Own Home	
CAUSE OF DEATH	13. SOCIAL SECURITY NUMBER -8779	
	14a. RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER Nevada Douglas Gardnerville 1054 Jewel Circle	
	15. INSIDE CITY LIMITS (Specify Yes or No) Yes	
CAUSE OF DEATH	16. FATHER—NAME First Middle Last Jack Ferris	
	17. MOTHER—MAIDEN NAME First Middle Last Cosma Belville	
	18. INFORMANT—NAME (Type or Print) MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) James A. Hill 1054 Jewel Circle, Gardnerville, Nv. 89410	
CAUSE OF DEATH	19. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	
	19b. CEMETERY OR CREMATORY—NAME LOCATION City or Town State Eastside Memorial Park Minden Nevada	
	20. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) FUNERAL DIRECTOR LICENSE NUMBER NAME AND ADDRESS OF FACILITY William Wittler 21 Walton's Chapel of the Valley 1281 N. Roop Street, Carson City, Nv. 89706	
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. (Signature and Title) William O'Shaughnessy DATE SIGNED (Mo., Day, Yr.) 2-22-91 HOUR OF DEATH 0015 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) William O'Shaughnessy MD 911 Mountain St., Carson City, Nv	
	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) _____ DATE SIGNED (Mo., Day, Yr.) _____ HOUR OF DEATH _____ PRONOUNCED DEAD (Mo., Day, Yr.) _____ PRONOUNCED DEAD (Hour) _____ 22d. ON 22e. AT	
	23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) LICENSE NUMBER William O'Shaughnessy MD 911 Mountain St., Carson City, Nv 2838	
CAUSE OF DEATH	24. REGISTRAR (Signature) Lyle M. Slaughter DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) February 25, 1991 DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Cardiopulmonary arrest Interval between onset and death: minutes (b) Respiratory failure Interval between onset and death: days (c) Chronic obstructive pulmonary disease Interval between onset and death: 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) 26. No 27. No	
CAUSE OF DEATH	ACC., SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) 28a. DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED 28b. 28c. M 28d.	
	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

No. 025117

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

Date Issued: **MAR 01 1991**

By: *J. A. Slaughter*
Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

REQUESTED BY
James A. Hill
IN OFFICIAL RECORDS OF
COUNTY CLERK, NEVADA

91 MAR -5 AIO :07

SUZANNE G. LAUREAU
R. JORDEN
\$6.00 PAID *Bh* DEPUTY BOOK 245945
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