

1790

When recorded mail to:
PHYLLIS S. HART
1831 Chaise Drive
Carson City, Nevada 89703

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF NEVADA)
) ss
COUNTY OF DOUGLAS

PHYLLIS S. HART being first duly sworn, deposes and says:

That Affiant is the surviving spouse of ROBERT G. HART
and that the Affiant and the said ROBERT G. HART deceased
are the Beneficiaries under that certain Deed of Trust dated the 29th day of
April, 1991 under the terms of which JIMMIE D. FRANCIS

was Trustor to FIRST NEVADA TITLE COMPANY, as Trustee with
ROBERT G. HART and PHYLLIS S. HART as Beneficiary

upon the terms, covenants, and provisions as set forth therein, said document
recorded April 30, 1991 in Book 491 Page 4759 being Document
No. 249715 of the Official Records in Douglas County, Nevada,
affecting all that certain piece or parcel of land, situate in the County of
Douglas, State of Nevada, being further described in said Deed of Trust.

Lot 27, Zephyr Knolls No.2, filed in the Office of the County Recorder of
Douglas County, Nevada, on June 6, 1957, Document No. 12415.

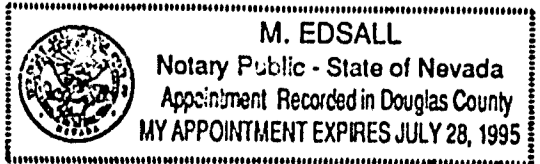
AP#05-132-12

That the said ROBERT G. HART one of the
Beneficiaries on the Deed of Trust died on the 4 day of June
1992 in Carson City, NV and is the identical person
named in the Certificate of Death. That all interest in and to said Note and
Deed of Trust hereinabove described, vested absolutely in Affiant as of the
date of decedent's death.

SUBSCRIBED AND SWORN TO BEFORE
me this 5th day of June
1992

Phyllis S Hart
PHYLLIS S. HART

M. Edsall
NOTARY PUBLIC



283737

BOOK 792 PAGE 3061

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 DECEASED—NAME First Middle Last 1. Robert George HART	DATE OF DEATH (Month, Day, Year) 2. June 4, 1992	STATE FILE NUMBER COUNTY OF DEATH 3a. Carson City
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH 3b. Carson City		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Carson-Tahoe Hospital
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. No	AGE—Last Birthday (Years) 7a. 67
	STATE OF BIRTH (If not U.S.A., name country) 9a. New York	CITIZEN OF WHAT COUNTRY 9b. USA	Decedent's Education. Specify highest grade completed. 10. 12
	SOCIAL SECURITY NUMBER 13. ██████████-6079	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Marketing Executive	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
	RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Carson City	CITY, TOWN, OR LOCATION 15c. Carson City
	FATHER—NAME First Middle Last 16. Frederick R. Hart		MOTHER—MAIDEN NAME First Middle Last 17. Mabel V. Wisse
PARENTS	INFORMANT—NAME (Type or Print) 18a. Phyllis E. Hart		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1831 Chaise Dr., Carson City, Nevada 89703
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial	CEMETERY OR CREMATORY—NAME 19b. Riverside National Cemetery	LOCATION City or Town State 19c. Riverside, California
DISPOSITION	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 36
	NAME AND ADDRESS OF FACILITY 20c. Crematory, P.O. Box 1775, Carson City, NV 89702		
	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>[Signature]</i>		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>[Signature]</i>
CERTIFIER	DATE SIGNED (Mo., Day, Yr.) 21b. June 5, 1992		HOUR OF DEATH 21c. 0013
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. Rex T. Baggett, M.D. 710 W. Washington St., Carson City, NV		LICENSE NUMBER 23b. #2395
	REGISTRAR 24a. (Signature) <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. June 5, 1992	DEATH DUE TO COMMUNICABLE DISEASE 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) Acute heart failure		Interval between onset and death
	(b) Acute myocardial infarction		Interval between onset and death
	(c)		Interval between onset and death
	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) 26. No
	ACC. SUICIDE, HOMICIDE, 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 28g.		STREET OR R.F.D. No. CITY OR TOWN STATE

This is to certify that the above is a true and correct copy of the certificate on file in this office.
STATE REGISTRAR
 Date Issued: **JUN 08 1992**

[Signature] No. 039737
Deputy Registrar

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

BOOK 792 PAGE 3062 283737

COPY

SEAD

REQUESTED BY
PACIFIC TITLE, INC.
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

92 JUL 20 P3:05

SUZANNE BEAUDREAU
RECORDER 283737
\$7.00 PAID *[Signature]* DEPUTY
BOOK 792 PAGE 3063