

AFFIDAVIT - DEATH OF JOINT TENANT

APN

SHIRLEY ANN HUBBARD, of legal age, being first duly sworn, deposes and says:
 That RICHARD J. HUBBARD, the decedent mentioned in the attached certified copy
 of Certificate of Death, is the same person as RICHARD J. HUBBARD
 named as one of the parties in that certain GRANT, BARGIN AND SALE DEED dated MAY 16, 1989
 executed by WHITE RABBIT ASSOCIATES, A CALIFORNIA LIMITED PARTNERSHIP
 to RICHARD J. HUBBARD AND SHIRLEY ANN HUBBARD HUSBAND AND WIFE
 as joint tenants, recorded as Instrument No. 203217, on JUNE 1, 1989 in
 Book 889, Page 044, of Official Records of DOUGLAS
 County, Nevada, covering the following described property situated in the, County of DOUGLAS, State of Nevada:

LOT 10 BLOCK J, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 4, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON APRIL 10, 1987, AS DOCUMENT NO. 35914

A.P.N. NUMBER 1220-15-310-010

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ _____.

Dated June 16, 2000

STATE OF NEVADA }
 COUNTY OF Douglas

Shirley Ann Hubbard
 s.s. SHIRLEY ANN HUBBARD

This instrument was acknowledged before me on
June 16, 2000
 by Shirley Ann Hubbard

Linda L. Slater
 Notary Public



(This area for official notarial seal)

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY
 Western Title Company, Inc.
 AND WHEN RECORDED MAIL TO
 Name Shirley Ann Hubbard
 Street Address P.O. Box 2032
 City, State Zip Gardnerville, Nevada
89410

0494263

BK0600PG3628

01323306/14/2000

JUN. 14. 2000 4:09PM

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 **Richard L. HUBBARD** 2. DATE OF DEATH (Month, Day, Year) **March 18, 2000** 3a. COUNTY OF DEATH **Douglas**

CITY, TOWN OR LOCATION OF DEATH **Gardnerville** 3b. **Gardnerville** HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) **Barton Skilled Nursing Center** 3c. **Barton Skilled Nursing Center** If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) **Inpatient** 3e. **Inpatient** 4. SEX **Male**

RACE—(e.g., White, Black, American Indian, etc.) (Specify) **White** 5. **White** Was Decedent of Hispanic Origin? Specify yes no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. AGE—Last Birthday (Years) **72** 7a. **72** UNDER 1 YEAR MOS : DAYS 7b. : UNDER 1 DAY HOURS : MINS 7c. : DATE OF BIRTH (Mo., Day, Yr.) **December 23, 1927**

STATE OF BIRTH (If not U.S.A., name country) **Ohio** 9a. **Ohio** CITIZEN OF WHAT COUNTRY **U.S.A.** 9b. **U.S.A.** Decedent's Education. Specify highest grade completed. **16** 10. **16** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 11. **Married** SURVIVING SPOUSE (If wife, give maiden name) **Shirley Holt** 12. **Shirley Holt**

SOCIAL SECURITY NUMBER **1459** 13. **1459** USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) **Administrator** 14a. **Administrator** KIND OF BUSINESS OR INDUSTRY **U.S. Forest Service** 14b. **U.S. Forest Service**

RESIDENCE—STATE **Nevada** 15a. **Nevada** COUNTY **Douglas** 15b. **Douglas** CITY, TOWN, OR LOCATION **Gardnerville** 15c. **Gardnerville** STREET AND NUMBER **880 Mitch Drive** 15d. **880 Mitch Drive** INSIDE CITY LIMITS (Specify Yes or No) **Yes** 15e. **Yes**

FATHER—NAME First Middle Last **William M. Hubbard** 16. **William M. Hubbard** MOTHER—MAIDEN NAME First Middle Last **Helen R. Landfear** 17. **Helen R. Landfear**

INFORMANT—NAME (Type or Print) **Denise Frueh - Daughter** 18a. **Denise Frueh - Daughter** MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) **P.O. Box 2032, Gardnerville, Nevada 89410** 18b. **P.O. Box 2032, Gardnerville, Nevada 89410**

BURIAL, CREMATION, REMOVAL, OTHER (Specify) **Cremation** 19a. **Cremation** CEMETERY OR CREMATORY—NAME **Walton's** 19b. **Carson Sierra Crematory** LOCATION City or Town State **Carson City Nevada** 19c. **Carson City Nevada**

FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) **Jimmy Benson** 20a. **Jimmy Benson** FUNERAL DIRECTOR LICENSE NUMBER **9** 20b. **9** NAME AND ADDRESS OF FACILITY **Capitol City Cremation & Burial Society 1614 N. Curry St. Carson City, NV. 89703** 20c. **Capitol City Cremation & Burial Society 1614 N. Curry St. Carson City, NV. 89703**

To be Completed by CERTIFYING PHYSICIAN 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) **[Signature]** 21b. DATE SIGNED (Mo., Day, Yr.) **3/20/00** 21c. HOUR OF DEATH **0745** To be Completed by Coroner's Office 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) **[Signature]** 22b. DATE SIGNED (Mo., Day, Yr.) 22c. HOUR OF DEATH

22d. PRONOUNCED DEAD (Mo., Day, Yr.) 22e. PRONOUNCED DEAD (Hour) 22d. ON 22e. AT

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) **David Hoskins M.D. 1190 High School St., Minden, NV. 89423** 23a. **David Hoskins M.D. 1190 High School St., Minden, NV. 89423** LICENSE NUMBER **4628** 23b. **4628**

REGISTRAR **[Signature]** 24a. **[Signature]** DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **March 21, 2000** 24b. **March 21, 2000** DEATH DUE TO COMMUNICABLE DISEASE 24c. YES NO

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) **Respiratory Failure** DUE TO, OR AS A CONSEQUENCE OF: (b) **Malignant Pulmonary Infiltrate** DUE TO, OR AS A CONSEQUENCE OF: (c) **Widely metastatic cancer of unknown primary**

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. **Hypertension, Hyperkalemia** 26. AUTOPSY (Specify Yes or No) **No** 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) **Yes**

ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. DATE OF INJURY (Mo., Day, Yr.) 28b. HOUR OF INJURY 28c. M 28d. DESCRIBE HOW INJURY OCCURRED

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.

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

No.159285

STATE REGISTRAR

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

Date Issued:

MAR 21 2000

0494263

State Registrar

Yvonne Sylva

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0600PG3629

COPY

REQUESTED BY
Shirley Ann Hubbard
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 JUN 16 PM 2:37

LINDA SLATER
RECORDER

\$ 9.00 PAID *[Signature]* DEPUTY

0494263

BK0600PG3630