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AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

Danielal Anathana Hell	ha Affant hains of landau and the same			
i, <u>Donata Andrew ΠΠ</u> , t	he Affiant, being of legal age, and being first duly sworn, depose			
and says.	\ \			
That (Deceased Name as shown on Death Certificate)	Poris Louise Hill , the Deceden			
mentioned in the attached certified copy Certificate	e of Death, is the same person as (Deceased Name as shown o			
Deed), Doris Louise Hill	named as one o			
the parties in that certain (type of document) Grant, Bo	argain, Sale Deed , dated			
	20 and executed by			
Lawrence B. English and Dianna L. Eng	Lish, known as Grantor(s)			
to <u>Donald Andrew Hill and Doris Louise F</u>	known as Grantees, as joint tenants,			
and recorded as instrument number252006	on the <u>3rd</u> day o day o of Official Records o			
	covering the following described property situated in the City o			
	, County of, State			
of Nevada. (Set forth legal description and commonly known street address, if known)				
Lot 2 of Sierra Estates, according to the M Recorder of Douglas County, Nevada on Sep	ap thereof, filed in the office of the County stember 27, 1960, as Document N 6. 16665.			
3608 Green Acre Drive, Carson City, Neva In Witness Whereof, I/We have hereunto set my/	da 89705 our hand(s) this <u>20</u> day of <u>lent.</u> , 20 <u>O</u> C			
The State of	400			
Signature	Signature			
Cald Cal	1			
Donald Andrew Hill				
Print or Type Name Here	Print or Type Name Here			
STATE OF NEVADA)	RECORDING REQUESTED BY AND MAIL TO			
	Name: Donald A. Hill			
COUNTY OF Carson City)	Address: 3608 Green Acre Drive			
	City/State/Zip: Carson City, NV 89705			
On this 20 day of September 20 00				
personally appeared before me, a Notary Public	IF APPLICABLE MAIL TAX STATEMENTS TO			
Donald Andrew Hill	Name:			
	Address:			
	City/State/Zip:			
personally known to me to be the person(s) whose name(s) is	SPACE BELOW FOR RECORDS USE ONLY			
subscribed to the above instrument who acknowledged thathe executed this instrument. Witness my hand and official seal				
JENNIFER CALHOUN				
Notary Public - State of Nevada				
Applyment Reported in Carson City County Appointment Expires Feb. 15, 2003				
99-30311-3				
AFF111 Nevada Legal Forms and Books, Inc. (702) 870-8977	0501831			
3901 West Charleston Boulevard Las Vegas, NV 89102				

BK 1000PG4107

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

					STATE FILE NUMBER
TYPE	LOCAL FILE NUMBER DECEASED—NAME. First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
PRINT IN	. Doris	Louise	HILL	aive street and number) If Hosp. or Inst. indica	0 3a Douglas
IANENT CK INK	CITY, TOWN OR LOCATION OF DEATH	には 第1987年終史第1989年 日本	I INSTITUTION—Name (If not either,	Rm. Inpatient (Specif	y) 4. Female
DENT	3b. Jacks Valley	3c. 3608 Gr	een Acre Drive	3e. E—Last <u>UNDER 1 YEAR UNDER 1 I</u>	
DENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Vas Decedent of Hispanic Orig pecify Mexican, Cuban, Puerto	Rican, etc. Birt	hday (Years) MOS DAYS HOURS	
	5. White	CITIZEN OF WHAT COUN	7a. Decedent's Education. Specify I	nighest MARRIED, NEVER MARRIED,	SURVIVING SPOUSE (If wife, give maiden name
DEATH RRED IN	STATE OF BIRTH (If not U.S.A., name country)	TRY	grade completed.	(Specify) Married	Donald A. Hill
TUTION INDBOOK	9a. Colorado SOCIAL SECURITY NUMBER	9b. U.S.A.	re Kind of Work Done During Most of		
ARDING ETION OF	네트리아, 얼룩했다고, 공고등록 유지를했다.	Working Life, Even if Retire	^{d)} Homemaker	14b. Own Home	
ICE ITEMS	13. 7530 RESIDENCE—STATE COUN		CITY, TOWN, OR LOCATION	STREET AND NUMBER	Dr . INSIDE CITY LIMITS (Specify Yes or No)
		Douglas	15c. Jack Valley	15d. 3608 Gree	n Acre 15e. Yes
>	15a. Nevada 15b. FATHER—NAME First	Middle		MAIDEN NAME First	Middle Last
ENTS	16. Max		Fick 17.	Leah	Bullington
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., City or Tow	
	18a Donald A. Hill	- Husband		een Acre Drive, Carso	n City, NV. 89705
	BURIAL, CREMATION, REMOVAL, OTHE	R (Specify)- CEMETER		walton s	
	19a Cremation	19b. (arson Sierra Cr		son City Nevada
SITION	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAI LICENSE	DIRECTOR NAME AND ADDRES	capitol City	Cremation & Burial
Ų	20a. > MMM 1) 1 1/M	DLW 20b. 9	20c Society	1614 N. Curry St. Ca	nvoetination in my political death occurred
/	21a. To the best of my knowledge. due to the cause(s) stated.	death occurred at the time da	te and place and	at the time, date and place and due	to the cause(s) and manner stated.
	(Signature and Title)	HOUR OF D		(Signature and Title) DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
	DATE SIGNED (Mo., Day, Yr.)			α. ν α. ν ο ο 22b.	22c.
NFIER	Use of the Cause(s) stated. (Signature and Title) DATE SIGNED (Mo Day. Yr., DAME OF ATTENDING PHYS 21d. 21d.	21c. 00(PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
	PE NAME OF ATTENDING PRIS	ICIAN II		β	22e. AT
	Ö 21d. NAME AND ADDRESS OF CE	RTIFIER (PHYSICIAN, ATTE	NDING PHYSICIAN, MEDICAL EXAM	INER, OR CORONER). (Type or Print.)	LICENSE NUMBER
	292 Dow MooVin	toch M D 78	ı Mill St. Reno.	Nevada 89502	23b. 4302
	REGISTRAR /	COSH H.D. V	DATE RECEIVED	BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO	O COMMUNICABLE DISEASE
OITIONS ANY H GAVE	24a. (Signature)	R Kall	24b. QUC	16, 2 CCC 24c. YES□	
E TO DIATE	25. IMMEDIATE CAUSE (ENJER C	NLY ONE CAUSE PER LINE	FOR (a), (b), AND (c).)		Interval between onset and death
USE NG THE	PART (a)	natic t	allure		Interval between onset and death
RLYING SE LAST	DUE TO, OR AS A CONS		1///	in a lateral	// /// (
	(b) SPN	al cunce	WUTH 1	ver metasiasis	• Interval between onset and death
	DUE TO, OR AS A CONS	SEQUENCE OF:			
00.00) (c)			deriving cause given in Part 1. AUTOPSY	(Specify WAS CASE REFERRED TO
SE OF	PART OTHER SIGNIFICANT COND	ITIONS—Conditions contributi	ng to death but not resulting in the un	Ye 26. NO	s or No) CORONER (Specify Yes or No) 27. Yes
			DESCRIBE	HOW INJURY OCCURRED	
	OR PENDING INVEST.				
	(Specity) 28b.	28	The second secon	N. STREET OR R.F.D. No.	CITY OR TOWN STATE
1	Specify Ar WORK PLA	CE OF INJURY—At home, fare building, etc. (Specify)		
10	28f.		28g.		** 450000
					No. 159829
	DRIME of the				
JUL	IN GAS TEACH		STATE REGISTRA	R	

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

1 6 2000 50 183 | State Registrar

Date Issued:

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

State of Nevada County of Douglas

This instrument was acknowledged before me on By DANA(D ANDREW) TO MARY ANN WENNER Notary Public - State of Nevada Appointment Recorded in County of Douglas My Appointment Expires May 3, 2004 REQUESTED BY IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA 2000 OCT 23 AM 10: 59 LINDA SLATER RECORDER 050 | 83 | PAID K DEPUTY

BK 1000PG4109