

WHEN RECORDED MAIL TO:
Hamilton

AFFIDAVIT – DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That Charles E. Hamilton, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Charles E. Hamilton named as one of the parties in that certain Grant Deed dated December 14, 1979, executed by James M. Thompson and Wanetta Thompson to Charles E. Hamilton and Joyce Hamilton, husband and wife as joint tenants, recorded as Instrument No. 39698 on December 17, 1979 in book 1279, page 962, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

BEGINNING at a point that bears North 61°32'20" East, 1131.10 feet from the Southwest section corner of Section 34, Township 14 North, Range 20 East, M.D.B.&M.; thence North 0°03' East, 144 feet to the Southwest corner of Lot 22, Block 2 of RESUBDIVISION OF PORTIONS OF ARTEMISIA SUBDIVISION; thence along the South line of said Lot 22, North 89°58' East, 302.50 feet to the Southeast corner of said Lot 22; thence South 0°03' West, 144 feet; thence South 89°58' West, 302.50 feet to the POINT OF BEGINNING; being the North 144 feet of the East one-half of Lot 23, of Artemisia Subdivision.

NOTE: The above metes and bounds description appeared previously in that certain document recorded December 17, 1979, in Book 1279, Page 962, as Instrument No. 39698.

Dated 6/27/2001

Joyce Hamilton
Joyce Hamilton

0520166

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Subscribed and sworn to before me this 27th day of June, 2001

By Joyce Hamilton

Barbara A. Smith
Notarial Officer



COPY

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

98 005150

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

LOCAL FILE NUMBER			STATE FILE NUMBER			
1. DECEASED—NAME First Middle Last Charles Everett HAMILTON			2. DATE OF DEATH (Month, Day, Year) April 26, 1998		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 2626 Gordon		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. 6	4. SEX Male	
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White	6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	7a. AGE—Last Birthday (Years) 75	7b. UNDER 1 YEAR MOS : DAYS	7c. UNDER 1 DAY HOURS : MINS	8. DATE OF BIRTH (Mo., Day, Yr.) May 27, 1922	
9a. STATE OF BIRTH (If not U.S.A., name country) Iowa		9b. CITIZEN OF WHAT COUNTRY U.S.A.	10. Decedent's Education. Specify highest grade completed. 16	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	12. SURVIVING SPOUSE (If wife, give maiden name) Joyce Cleveland	
13. SOCIAL SECURITY NUMBER 2309		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Minister 176		14b. KIND OF BUSINESS OR INDUSTRY 880 Clergy Industry		
15a. RESIDENCE—STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Minden	15d. STREET AND NUMBER 2626 Gordon Ave.	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
16. FATHER—NAME First Middle Last C. W. Hamilton			17. MOTHER—MAIDEN NAME First Middle Last Bessie Hazel Cloud			
18a. INFORMANT—NAME (Type or Print) Joyce M. Hamilton - Wife			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2626 Gordon Ave., Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Walton's Carson Sierra Crematory		19c. LOCATION City or Town State Carson City, Nevada		
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 94	20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 02 1281 North Roop St., Carson City, Nevada 89706			
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>			
21b. DATE SIGNED (Mo., Day, Yr.) 4/27/98		21c. HOUR OF DEATH 0350		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON		22e. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Dr. J.P. Kelly 550 W. Washington St., Carson City, Nevada 89703					23b. LICENSE NUMBER 6376	
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) April 25, 1998		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death	
PART I (a) Renal Cancer	DUE TO, OR AS A CONSEQUENCE OF:				5 months	
PART I (b)	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART I (c)	DUE TO, OR AS A CONSEQUENCE OF:				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.			26. AUTOPSY (Specify Yes or No) Yes	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED			
28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION	28h. STREET OR R.F.D. No.	28i. CITY OR TOWN	28j. STATE



STATE REGISTRAR

No. 129459

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

Date Issued:

0520166
AUG 01 2001

[Signature] State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
FIRST AMERICAN TITLE CO.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 AUG -7 PM 3: 37

LINDA SLATER
RECORDER

\$ 10.00 PAID BC DEPUTY

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