

# AFFIDAVIT-TERMINATION OF JOINT TENANT

## Death of a Joint Tenant

I, CAROL E. WEIDKAMP, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That (Deceased Name as shown on Death Certificate) PEARL GRACIE HATCH, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as (Deceased Name as shown on Deed), PEARL G HATCH, named as one of the parties in that certain (type of document) GRANT DEED CREATING JOINT TENANCY, dated on the 20~~th~~ day of MARCH OCT 1999, 2002, and executed by PEARL G HATCH, known as Grantor(s), to CAROL E WEIDKAMP & PEARL G HATCH, known as Grantees, as joint tenants, and recorded as instrument number 0479089, on the 20 day of OCT 1999, 20, in Book 1099 PG 3523 of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the City of \_\_\_\_\_, County of DOUGLAS, State of Nevada. (Set forth legal description and commonly known street address, if known)

SEE ATTACHED

In Witness Whereof, I/We have hereunto set my/our hand(s) this 14 day of MARCH, 2002

Carol E. Weidkamp  
Signature  
CAROL E. WEIDKAMP  
Print or Type Name Here

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Print or Type Name Here

STATE OF NEVADA )  
COUNTY OF Douglas )

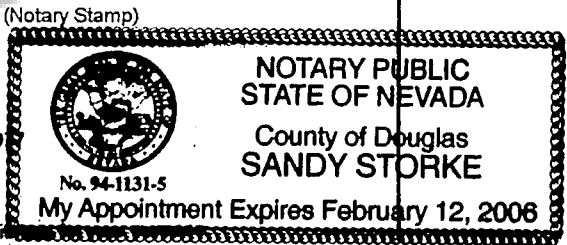
On this 14 day of March, 20 personally appeared before me, a Notary Public CAROL E. WEIDKAMP

personally known to me to be the person(s) whose name(s) is subscribed to the above instrument who acknowledged that She executed this instrument. Witness my hand and official seal  
Sandy Storke  
Notary Public

RECORDING REQUESTED BY AND MAIL TO  
Name: CAROL E. WEIDKAMP  
Address: 1343 RITTER PR  
City/State/Zip: GARDNERVILLE, NV 89410

IF APPLICABLE MAIL TAX STATEMENTS TO  
Name:  
Address:  
City/State/Zip:

SPACE BELOW FOR RECORDS USE ONLY  
This document is being rerecorded at the request of and at the expense of the Douglas County Recorder in order to add the Certificate of Death of Pearl Gracie Hatch.



APN 1220-16-710-098

R.P.T.T. \$ 52.65

When Recorded mail to:  
Carol Weidkamp  
1343 Ritter Drive  
Gardnerville, NV 89410

**GRANT DEED CREATING JOINT TENANCY**

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, I, the Grantor, PEARL G. HATCH, hereby grants to, PEARL G. HATCH, an unmarried woman, and CAROL E. WEIDKAMP, an unmarried woman, as joint tenants with right of survivorship, the real property situated in the City of Gardnerville, County of Douglas, State of Nevada, and more particularly described as:

LOT 13, Block C, 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, 1967, as Document No. 35914.

A.P.N. No. 27-463-07

Together with all and singular the tenements, hereditament's, and appurtenances thereunto belonging or appertaining, and the reversion and revisions, remainder and remainders, rents, issues, and profits thereof.

DATED this 20 day of October, 1999;

*Pearl G. Hatch by Carol E. Weidkamp, Attorney*  
PEARL G. HATCH, by her Attorney in Fact *in fact*  
CAROL E. WEIDKAMP

On this 20<sup>th</sup> day of October, 1999, personally appeared before me, a Notary Public, CAROL E. WEIDKAMP, with a duly notarized Power of Attorney Executed by PEARL G. HATCH, a copy of which is attached hereto; CAROL E. WEIDKAMP known to me to be the person whose name is subscribed above, and acknowledged that she executed the instrument on behalf of PEARL G. HATCH, as her Attorney in Fact.

*Shelly Mininni*  
NOTARY PUBLIC



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0537718 BK1099PG3523  
BK0302PG05075 BK0302PG08499

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R

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C

0537718

BK0302PG08500

0536995

BK0302PG05076

REQUESTED BY  
Carol Weidkamp  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 MAR 14 PM 4: 16

LINDA SLATER  
RECORDER

\$ 16<sup>00</sup> PAID [Signature] DEPUTY

# 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

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 <b>Pearl Gracie HATCH</b>		2. DATE OF DEATH (Month, Day, Year) <b>January 21, 2000</b>	
3b. CITY, TOWN OR LOCATION OF DEATH <b>Carson City</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>Carson Tahoe Hospital</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		3d. DATE OF BIRTH (Mo., Day, Yr.) <b>December 2, 1920</b>	
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		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) <b>79</b>		7b. UNDER 1 YEAR MOS. : DAYS	
7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) <b>December 2, 1920</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Michigan</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
10. Decedent's Education. Specify highest grade completed. <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	
12. SURVIVING SPOUSE (If wife, give maiden name)		13. SOCIAL SECURITY NUMBER <b>770 12 7992</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Cleaning Supervisor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Gaming Industry</b>	
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>	
15c. CITY, TOWN, OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>1343 Ritter Drive</b>	
15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER—NAME First Middle Last <b>Fred Hatch</b>	
17. MOTHER—MAIDEN NAME First Middle Last <b>Mabel Leigh</b>		18a. INFORMANT—NAME (Type or Print) <b>Carol Weidkamp</b>	
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>1343 Ritter Drive, Gardnerville, Nevada 89410</b>		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>	
19b. CEMETERY OR CREMATORY—NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City, Nevada</b>	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Jimmy Burns</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>9</b>	
20c. NAME AND ADDRESS OF FACILITY <b>Walton's Chapel of the Valley 1281 North Roop St., Carson City, Nevada 89706</b>		21a. 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) <i>[Signature]</i>	
21b. DATE SIGNED (Mo., Day, Yr.) <b>1/28/00</b>		21c. HOUR OF DEATH <b>0801</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. 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) <i>[Signature]</i>	
22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
22d. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. PRONOUNCED DEAD (Hour)	
22d. ON		22e. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>Dr. B. Bottenberg, 1001 Mountain St., Carson City, Nevada 89703</b>		23b. LICENSE NUMBER <b>D0674</b>	
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>Jan 28, 2000</b>	
24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Sepsis</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>pneumonia</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>ischemic bowel</b>	
26. AUTOPSY (Specify Yes or No) <b>Yes</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>28a.</b>		28b. DATE OF INJURY (Mo., Day, Yr.)	
28c. HOUR OF INJURY <b>M 28d.</b>		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	

No.163201

STATE REGISTRAR

*[Signature]*

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

Date Issued:

JAN 28 2000 537718 State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 0302 PG 08501

COPY

REQUESTED BY  
**DOUGLAS COUNTY** (Recorder)  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 MAR 22 PM 4: 37

LINDA SLATER  
RECORDER

\$ 0 PAID kg DEPUTY

0537718

BK0302PG08502