

A.P.N. # 1220-16-510-013  
ESCROW NO. 020106094

RECORDING REQUESTED BY:  
**STEWART TITLE COMPANY**  
WHEN RECORDED MAIL TO:

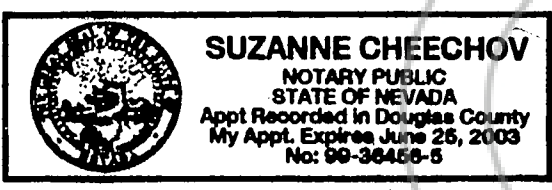
DORIS J. ESTABROOK  
1908 SORREL  
GARDNERVILLE, NEVADA 89410

### AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }  
COUNTY OF DOUGLAS } ss.

DORIS J. ESTABROOK, of legal age, being first duly sworn, deposes and says:  
That HERBERT EDWARD ESTABROOK, the decedent mentioned in the attached certified copy  
of Certificate of Death, is the same person as HERBERT E. ESTABROOK  
named as one of the parties in that certain \_\_\_\_\_ dated \_\_\_\_\_  
executed by JAY A. HUTCHINSON AND DEBRA I. HUTCHINSON  
to DENISE E. ESTABROOK-HILL AN UNMARRIED WOMAN AND HERBERT E. ESTABROOK \*\*  
as joint tenants, recorded as Instrument No. 378857, on JANUARY 12, 1996  
in Book 0196, Page 2162, of Official Records of DOUGLAS COUNTY  
County, Nevada, covering the following described property situated in the \_\_\_\_\_  
County, State of Nevada:

\*\*AND DORIS J. ESTABROOK  
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF



DATE: April 09, 2002

*Doris J. Estabrook*  
DORIS J. ESTABROOK

STATE OF NV }  
COUNTY OF Douglas } ss.

This instrument was acknowledged before me on 4/23/2002  
by, DORIS J. ESTABROOK

Signature *Suzanne Cheechov*  
Notary Public

**0540760**  
**BK0402PG08538**

# 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	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. <b>Herbert Edward ESTABROOK</b>		2. <b>February 22, 2001</b>	3a. <b>Douglas</b>
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
3b. <b>Gardnerville</b>		3c. <b>1908 Sorrel Lane</b>	3e. <b>Male</b>
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)
5. <b>White</b>		6.	7a. <b>79</b>
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9a. <b>California</b>		9b. <b>U.S.A.</b>	10. <b>14</b>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13. <b>4135</b>		14a. <b>Motion Picture Cameraman</b>	14b. <b>Motion Picture and Television</b>
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION
15a. <b>Nevada</b>		15b. <b>Douglas</b>	15c. <b>Gardnerville</b>
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	DATE OF BIRTH (Mo., Day, Yr.)
16. <b>Edward Estabrook</b>		17. <b>Marie English</b>	8. <b>June 16, 1921</b>
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. <b>Doris J. Estabrook - Wife</b>		18b. <b>1908 Sorrel Lane, Gardnerville, NV 89410</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. <b>Cremation</b>		19b. <b>FitzHenry's Crematory</b>	19c. <b>Carson City, Nevada</b>
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. <i>James M. Hill</i>		20b. <b>217</b>	20c. <b>Home, 1380 Hwy 395, Gardnerville, NV 89410</b>
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>J. Gardner DO</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>J. Gardner DO</i>	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. <b>2/22/01</b>		21c. <b>0550</b>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. <b>Gerrie Gardner D.O., 704 W. Nye Lane, Ste 102, Carson City, NV</b>		23b. <b>822</b>	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. <i>Helen R. Kachons</i>		24b. <b>Feb. 23, 2001</b>	24c. 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) <b>ventricular arrhythmia</b>		: minutes	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) <b>coronary ischemia</b>		: minutes	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) <b>coronary artery disease</b>		: years	
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)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
26. <b>No</b>		27. <b>Yes</b>	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c. <b>M</b>	28d.
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No. CITY OR TOWN STATE
28e.	28f.	28g.	

No.177615

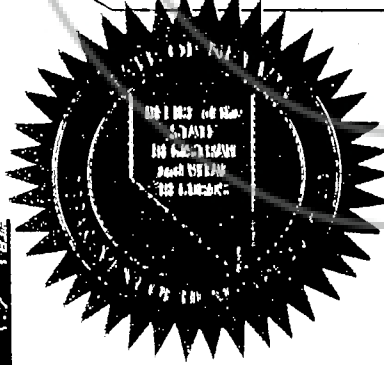
STATE REGISTRAR

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

Date Issued: **FEB 23 2001**

*Syonna Sylvia*

State Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0402 PG-8539 0540760

**EXHIBIT "A"**

**LEGAL DESCRIPTION**

ESCROW NO.: 020106094

Lot 259, as said lot is shown on the Official Plat of GARDNERVILLE RANCHOS UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on June 1, 1965, in Book 1 of Maps, filed as No. 28309, and Title Sheet amended on June 4, 1965, as Filing No. 28377.

Assessor's Parcel No. 1220-16-510-013

COPY

REQUESTED BY  
**Stewart Title of Douglas County**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

2002 APR 26 PM 1:05

LINDA SLATER  
RECORDER

\$ 16<sup>00</sup> PAID  DEPUTY

0540760

BK0402PG08540