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APN: 1320-32-811-016 .

RECORDING REQUESTED BY:  
Barbara K. Hansen

WHEN RECORDED MAIL TO:  
1173 Meadow Court, Gardnerville, NV 89410

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**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA            )  
  ) SS.  
COUNTY OF DOUGLAS        )

Barbara K. Hansen, being first duly sworn and of legal age, deposes and says:

1. The Affiant is one of the grantees named in the Grant, Sale and Bargain Deed, dated June 25, 1984, recorded as Instrument No. 103551 in Book 784, Page 1210, of Official Records in the office of the County Recorder of Douglas County, State of Nevada, covering the real property located at 1173 Meadow Court, City of Gardnerville, County of Douglas, State of Nevada, and more particularly described as:

Lot 13, as shown on the map of Sierra Meadows Subdivision Phase I, filed in the office of the County Recorder of Douglas County, Nevada, on May 18, 1977, as Document No. 09292.

2. Carl L. Hansen, one of the grantees named in said deed, is the same person named as the Decedent in the attached certified copy of Certificate of Death, which person died on the 25th day of March, 2002, in Carson City, State of Nevada.

3. Carl L. Hansen and the Affiant purchased the above described property as joint tenants with right of survivorship.

Dated this 29 day of May, 2002.

Barbara K. Hansen  
Barbara K. Hansen

Subscribed and Sworn to before me  
this 29 day of May, 2002,  
by Barbara K. Hansen.

Lora E. Myles



# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH STATE OF NEVADA VITAL STATISTICS 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>Carl L. HANSEN</b>			2. DATE OF DEATH (Month, Day, Year) <b>March 25, 2002</b>		3a. COUNTY OF DEATH <b>Carson City</b>
3b. CITY, TOWN OR LOCATION 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>Male</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>89</b>	7b. UNDER 1 YEAR MOS : DAYS 7c. UNDER 1 DAY HOURS : MINS
8. DATE OF BIRTH (Mo., Day, Yr.) <b>March 17, 1913</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
10. Decedent's Education. Specify highest grade completed. <b>12 Years</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Barbara Haas</b>	
13. SOCIAL SECURITY NUMBER <b>4603</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Supervisor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Gas Company</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>1173 Meadow Ct.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER—NAME First Middle Last <b>Samuel Hansen</b>	
17. MOTHER—MAIDEN NAME First Middle Last <b>Mabel Peterson</b>		18a. INFORMANT—NAME (Type or Print) <b>Barbara Hansen - Wife</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>1173 Meadow Ct. Gardnerville, NV 89410</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY—NAME <b>FitzHenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City, Nevada</b>	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral 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>[Signature]</i> <b>Bawamia, MD</b>			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.) <b>3/26/02</b>		21c. HOUR OF DEATH <b>0110</b>		22b. DATE SIGNED (Mo., Day, Yr.)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22d. PRONOUNCED DEAD (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>Ali Bawamia, M.D., 775 Fleischmann Way, Carson City, NV 89702</b>					23b. LICENSE NUMBER <b>9431</b>
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>March 26, 2002</b>		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))					
PART I (a) Hypoxic respiratory failure secondary to		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) multilobar pneumonia		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c)		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) <b>No</b>	
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
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. STREET OR R.F.D. No. CITY OR TOWN STATE	



STATE REGISTRAR

No. 216530

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

Date Issued: **MAR 26 2002** Aronne Sylva State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY  
Barbara Hassen  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

2002 MAY 29 PM 12:07

LINDA SLATER  
RECORDER

\$16.<sup>00</sup> PAID K2 DEPUTY

0543279

BK0502PG08922