

16-
A.P.N. 1022-14-001-006

When Recorded Mail to:
DAY R. WILLIAMS
ATTORNEY AT LAW
204 NORTH MINNESOTA ST.
CARSON CITY, NV 89703-4151
775/885-8398

Mail Tax Statements to:
RAYNELLE HOGUE
1405 EAGLE MOUNTAIN RD.
WELLINGTON, NV 89444

AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA)
):ss
CARSON CITY)

RAYNELLE HOGUE, of legal age, being first duly sworn, deposes and says: That JESSE A. HOGUE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JESSE A. HOGUE, named as one of the parties in that certain Grant Deed dated June 8, 1978, as joint tenants, recorded as Instrument No. 21903, on June 14, 1978 in Book 678, Page 970, of Official Records of Douglas County, State of Nevada, covering the following described property, commonly known as 1415 Eagle Mountain Road, situated in Douglas County, State of Nevada, known as

Lot 14, Block A, as shown on the Map of Topaz Ranch Estates, Unit No. 4, filed in the office of the County Recorder of Douglas County, Nevada.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ N/A.

Raynelle Hogue
Signature
Raynelle Hogue

SUBSCRIBED AND SWORN TO before me
this 24th day of October, 2002
by RAYNELLE HOGUE.

Day Williams

NOTARY PUBLIC

DAY WILLIAMS
Notary Public, State of Nevada
Appointment No. 02-73501-3
My Appt. Expires Feb. 19, 2006

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. Jesse Lee Allen HOGUE		2. August 18, 2002	3a. Douglas
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. Wellington		3c. 1405 Eagle Mt. Rd.	3e. Male
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)	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 68	8. November 15, 1933
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
9a. Oklahoma	9b. U.S.A.	10. 8 Years	11. Married
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	
13. 9091	14a. Carpenter	14b. Construction	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Douglas	15c. Wellington	15d. Eagle Mt. Rd.
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. John Hogue		17. Mildred Baker	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Raynelle Hogue - Wife		18b. 1405 Eagle Mt. Rd. Wellington, Nevada 89444	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State	
19a. Cremation	19b. FitzHenry's Crematory	19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
20a. <i>[Signature]</i>	20b. 217	20c. Home, 1380 Hwy 395 Gardnerville, NV 89410	
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)		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)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 8/20/02		22b. 8/20/02	
HOUR OF DEATH		HOUR OF DEATH	
21c. 0903		22c. 0903	
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. Andrew H.K. Tang M.D., 1107 Hwy 395 Gardnerville, NV 89410		23b. 8365	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) <i>[Signature]</i>	24b. August 21, 2002	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) Cardiovascular Arrest	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(b) Diarrhea	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(c)		Interval between onset and death	
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. No		27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c. M	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.	

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



STATE REGISTRAR

No. 224083

Gyonne Sylva

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

Date Issued: **0556426 AUG 21 2002**

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

REQUESTED BY
Day R Williams
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 OCT 31 PM 2: 06

LINDA SLATER
RECORDER

\$ 16⁰⁰ PAID K2 DEPUTY

0556426

BK1002PG14603