

ASSESSORS PARCEL NUMBER (APN): 1420-07-411-042

# AFFIDAVIT-TERMINATION OF JOINT TENANT Death of a Joint Tenant

I, TERRENCE L. HAYES, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That (Deceased Name as shown on Death Certificate) BEVERLY JEAN HAYES, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as (Deceased Name as shown on Deed), BEVERLY J HAYES, named as one of the parties in that certain (type of document) DEED, dated on the 3 day of APRIL 1997, and executed by SIERRA LAND TITLE, known as Grantor(s), to TERRENCE L HAYES AND BEVERLY J. HAYES, known as Grantees, as joint tenants, and recorded as instrument number 0409779, on the 3 day of APRIL, 97, in Book 0497 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Douglas, County of Douglas, State of Nevada. (Set forth legal description and commonly known street address, if known)

LOT 70, as shown on the map of Ridgeview Estates according to the plat thereof filed in the office of the county recorder of Douglas County NV on December 12, 1972 as file # 63503, Book of maps 1272, page 690 APN: 1420-07-411-042

In Witness Whereof, I/We have hereunto set my/our hand(s) this \_\_\_\_\_ day of \_\_\_\_\_.

Terrence L Hayes  
Signature

TERRENCE L. HAYES  
Print or Type Name Here

\_\_\_\_\_  
Signature

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

STATE OF NEVADA )

COUNTY OF Douglas )

On this 28<sup>th</sup> day of March, 20 03  
personally appeared before me, a Notary Public

Terrence L. Hayes

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

Mary Ann Wenner  
Notary Public

(Notary Stamp)

RECORDING REQUESTED BY AND MAIL TO  
Name: TERRENCE L. HAYES  
Address: 3435 TOURMALINE  
City/State/Zip: CARSON CITY NV 89705-7122

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

SPACE BELOW FOR RECORDS USE ONLY



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**0571669**  
**BK0303PG14066**



# 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	
TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First Middle Last <b>Beverly Jean HAYES</b>			2. DATE OF DEATH (Month, Day, Year) <b>March 20, 2003</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>		4. SEX <b>Female</b>
DECEDENT	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>66</b>	7b. UNDER 1 YEAR MOS : DAYS
	9a. STATE OF BIRTH (If not U.S.A., name country) <b>Illinois</b>		9b. CITIZEN OF WHAT COUNTRY <b>USA</b>		10. Decedent's Education. Specify highest grade completed. <b>10</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER <b>339-28-2695</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
	15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN, OR LOCATION <b>Carson City</b>	
PARENTS	16. FATHER—NAME First Middle Last <b>Ralph Helnick</b>			17. MOTHER—MAIDEN NAME First Middle Last <b>Eleanor Stewart</b>		
	18a. INFORMANT—NAME (Type or Print) <b>Terrence Hayes</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>3435 Tourmaline, Carson City, NV 89705</b>		
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY—NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden, Nevada</b>	
	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Jimmy Duna</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>9</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Chapel of the Valley 1281 No. Roop St., Carson City, NV 89706</b>	
CERTIFIER	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>B. Bottenberg MD</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>B. Bottenberg MD</i>		
	21b. DATE SIGNED (Mo., Day, Yr.) <b>3-21-03</b>		21c. HOUR OF DEATH <b>1525</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. ON
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>B. Bottenberg, D.O., 1001 Mountain St., Carson City, NV 89703</b>			23b. LICENSE NUMBER <b>DO674</b>		22e. AT
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) <i>Yes R. Kachamp, DPM</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>March 21, 2003</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).)					
CAUSE OF DEATH	PART I (a) <b>acute pneumonia</b> DUE TO, OR AS A CONSEQUENCE OF:		PART I (b) <b>chronic obstructive pulmonary disease</b> DUE TO, OR AS A CONSEQUENCE OF:		PART I (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>osteoporosis</b>	
	28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY	
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. 235196

*Gyenne Sylva*

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

Date Issued: **MAR 21 2003** **0571669** State Registrar

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# 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	LOCAL FILE NUMBER			STATE FILE NUMBER		
	1. DECEASED—NAME First Middle Last Beverly Jean HAYES			2. DATE OF DEATH (Month, Day, Year) March 20, 2003		
DECEDENT	3b. CITY, TOWN OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Carson-Tahoe Hospital		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
	3d. SEX Female					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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.		7. AGE—Last Birthday (Years) 7a. 66	
	8. UNDER 1 YEAR MOS : DAYS		9. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) November 1, 1936	
PARENTS	9a. STATE OF BIRTH (If not U.S.A., name country) Illinois		9b. CITIZEN OF WHAT COUNTRY USA		10. Decedent's Education. Specify highest grade completed. 10. 10	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Terrence Hayes			
DISPOSITION	13. SOCIAL SECURITY NUMBER -2695		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
	15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Carson City	
CERTIFIER	15d. STREET AND NUMBER 3435 Tourmaline		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
	16. FATHER—NAME First Middle Last Ralph Helmick			17. MOTHER—MAIDEN NAME First Middle Last Eleanor Stewart		
CAUSE OF DEATH	18a. INFORMANT—NAME (Type or Print) Terrence Hayes			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3435 Tourmaline, Carson City, NV 89705		
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden, Nevada	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Jimmy Bena</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 9		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 No. Roop St., Carson City, NV 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>B. Bottenberg MD</i>		21b. DATE SIGNED (Mo., Day, Yr.) 3-21-03		21c. HOUR OF DEATH 1525	
CAUSE OF DEATH	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>B. Bottenberg MD</i>		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
	22d. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. AT ON			
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) B. Bottenberg, D.O., 1001 Mountain St., Carson City, NV 89703			23b. LICENSE NUMBER D0674		
	24a. REGISTRAR (Signature) <i>Vera A. Kachana Agg</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) March 21, 2003		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I (a) acute pneumonia		Interval between onset and death			
CAUSE OF DEATH	PART I (b) chronic obstructive pulmonary disease		Interval between onset and death			
	PART I (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. osteoporosis		Interval between onset and death			
CAUSE OF DEATH	26. AUTOPSY (Specify Yes or No) NO		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) NO			
	28a. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) INJURY AT WORK (Specify Yes or No)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY M	
CAUSE OF DEATH	28d. DESCRIBE HOW INJURY OCCURRED		28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			
	28f. LOCATION		28g. STREET OR R.F.D. No.		28h. CITY OR TOWN STATE	



STATE REGISTRAR

No. 235196

*Gwonne Sylva*

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

Date Issued: MAR 21 2003 0571669 State Registrar

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COPY

REQUESTED BY  
*Terrence L. Hayes*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

2003 MAR 28 PM 1:43

WERNER CHRISTEN  
RECORDER

\$ 16.00 PAID *W* DEPUTY

0571669  
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