

APN: 1220-16-118-003

REQUESTED BY  
**WESTERN TITLE COMPANY, INC.**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

**RECORDING REQUESTED BY:**  
Western Title Company, Inc.

2003 AUG -7 AM 9:15

**WHEN RECORDED MAIL TO:**

WERNER CHRISTEN  
RECORDER

Name VIOLET DAWSEY  
Street 1261 SORENSEN LANE  
Address  
City, State  
Zip

*S. H. PAID* DEPUTY

Order No. 00088572-201- SLG

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

**AFFIDAVIT - DEATH OF JOINT TENANT**

VIOLET DAWSEY, of legal age, being first duly sworn, deposes and says:

That HULON DAWSEY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as HULON ELBERT DAWSEY named as one of the parties in that certain GRANT DEED dated JANUARY 19, 1990 executed by JACK W. BUTTNER, GERALDINE BUTTNER AND ROBERT R. BUTTNER to HULON DAWSEY AND VIOLET DAWSEY as joint tenants, recorded as instrument No. 220603, on FEBRUARY 23, 1990, in Book 290, Page 3308, of Official Records of Douglas County, Nevada, covering the following described property situated in the unincorporated area, County of Douglas, State of Nevada:

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot **6**, in Block **A**, as shown on the map of **UPLAND ESTATES SUBDIVISION**, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on May 14, 1979, in Book 579, Page 758, as Document No. 32395.

0585648

BK0803PG02969

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ 10.00.

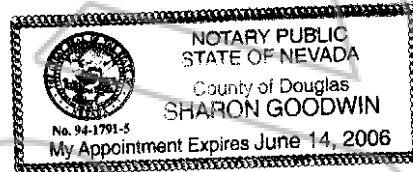
Dated July 29, 2003

STATE OF NEVADA  
COUNTY OF DOUGLAS

} ss Violet Dawsey  
VIOLET DAWSEY, Surviving Joint Tenant

This instrument was acknowledged before me on 7.30.03

by VIOLET DAWSEY



[Signature]  
Notary Public

*COOPER*

# 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

Altered

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Hulon Elbert DAWSEY		2. February 19, 1994		38. 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)		SEX	
3b. Gardnerville		3c. 1261 Sorenson		3e. 7		Male	
FACE—(a) g. White, Black, American Indian, etc. (Specify)		Was Decedent of Hispanic Origin? Specify <input checked="" type="checkbox"/> yes <input type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Y68rs)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6. X		7a. 67		8. October 12, 1926	
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. South Carolina		9b. USA		10. 10		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		SURVIVING SPOUSE (If wife, give maiden name)	
13. ████████-5708		14a. Owner/Operator		14b. Motel		12. Violet V. Bohler	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 1261 Sorenson	
FATHER—NAME		MOTHER—MAIDEN NAME				INSIDE CITY LIMITS (Specify Yes or No)	
16. Eleck Dawsey		17. Guila Harrelson				15e. YES	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Violet V. Dawsey - Wife		18b. P.O. Box 2513, Gardnerville, Nevada 89410					
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 (Specify)			
20a. <i>Mark L. Calley</i>		20b. #36		20c. FitzHenry's Funeral Home & Crematory 833 N. Edmonds Drive, Carson City, Nevada 89701			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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)		(Signature and Title)					
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b.		21c.		22b. 2-19-94		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d.				22d. ON 2-19-94		22e. AT 1455 HRS	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER					
23a. TIMOTHY R. JOHNSON PO. BOX 218 MANDEN, NV 89423		23b. NVSD #588					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. <i>Vera R. Kucharski</i>		24b. Feb. 22, 1994		24c. 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) Adnocarcinoma of the Stomach & Esophagus with Metastasis to the Bowels.						Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF						Interval between onset and death	
(b)						Interval between onset and death	
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)			
PART II		26. No		27. Yes			
AGE, SUICIDE, HOM. UNDET. OR PENDING INVEST (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		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.			

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

05856483 PG02971

Information corrected, State Affidavit #29128, Feb. 23, 1994. No. 063870  
Item #7a. 66, Item #8. October 1, 1927, Item #13. 250-42-5708.

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 1994

By: *Yvonne Selys*  
Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.