REQUESTED BY

FIRST AMERICAN TITLE CO.

IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

2003 AUG 12 PM 12: 18

WERNER CHRISTEN RÉCORDER

PAID**K** DEPUTY

A.P.N.: 1420-34-110-003 File No: 131-2087971 (GB)

When Recorded, Mail Tax Statements To:

WILLIAM HALL

220 CARLENE DRIVE

SPARKS, NV. 89436

A.P.N.: 1420-34-110-003

AFFIDAVIT - TERMINATING JOINT TENANCY

William I. Hall, of legal age, being first duly sworn, deposes and says:

				16.	The state of the s				
That Betty J. H	lall, the decedent me	ntioned in the attac	ched certified copy	of Certificat	e of Death is the				
same person as	Betty J. Hall named	as one of the part	ies in that certain G	irant, Barg	gain and Sale				
Deed dated	<u>5-1</u> 6 <u>-00</u>	ex	ecuted by						
GORDON ANTHO				t	o William I. Hall				
	l all as joint tenants, re	corded as Docume	ent No.						
0492275		on <u>MAY 19</u>			n Book				
0500		of Official Reco	rds of Douglas Co	unty, Neva	da covering the				
following descri	bed property situated	in the County of D	ouglas, State of N	evada :					
		1		N					
Lot 3, Block A, as set forth on the Map of MOUNTAIN VIEW ESTATES UNIT, NO. 4, filed for									
record in the office of the Recorder of Douglas County, Nevada, on April 13, 1990, in Book									
490, Page 1894, as Document No. 223927, Official Records.									
, ,			\ \						
Data: 7 20 (22	_	\						
Date: <u>7-29-0</u>)3	- Dui L	Lillian &	Hold	1				
	\ \	Бу. <u>~ -</u>		, , , ,					
	\ \]]						
		₽			•				
STATE OF	NEVADA	.) 81	MISHELE L	BOESEN	3				
7		.ss. 8	Appt. Recorded in	DAUGH	8				
COUNTY OF	CARSON CITY	, \$4	lo 99-54931-5 My Appt. Exp. A	orii 10, 2007	8				
COONTTO	CARSON CITT		**********	マンシンシンシン	8				
This instrument	was acknowledged be	efore me on							

Notary Public (My commission expires: 410103

Page 1

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

		DIVISION	OF HEALTH — SECTION				
	CERTIFICATE OF DEATH				70020002350		
	LOCAL FILE NUMBER				\ \	STATE FILE NUMBER	
TYPE OR PRINT	DECEASED—NAME First	Middle ು	Last	DATE OF DEATH (N	fonth, Day, Year)	COUNTY OF DEATH	
IN PERMANENT	1. Betty	J.	${f HALL}$		7 18, 2002	3a Carson City	
BLACK INK	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTH	ER INSTITUTION—Name (If not eithe	er, give street and number)	If Hosp, or Inst. indicate DO/ Rm. Inpatient (Specify)	A, OP/Emer. SEX	
DECEDENT	3b. Carson City	3c. Mounta	inview Care Cen	ter	∞ Inpatient	5 4. Female	
DECEDENT	RACE—(e.g., White, Black, American Wa	as Decedent of Hispanic O ecity Mexican, Cuban, Pue	rigin? Specify ☐ yes ☐no If yes, Ir rto Rican, etc. X	AGE—Last UNDER 1 YE Birthday (Years) MOS • DA		DATE OF BIRTH (Mo., Day, Yr.)	
-	5. White 6.			a. 76 7b. :	7c.	8.Oct. 5, 1925	
IF DEATH OCCURRED IN	STATE OF BIRTH (if not U.S.A., name country)	CITIZEN OF WHAT COU TRY	 N- Decedent's Education. Specification grade completed. 	LUMPOUNED DIVOR		/IVING SPOUSE (If wife, give maiden name)	
INSTITUTION SEE HANDBOOK	^{9a.} Missouri	9b. U.S.A.	10. 12 year		ied 12.1	William I. Hall	
REGARDING COMPLETION OF	SOCIAL SECURITY NUMBER	Working Life, Even if Reti	Rive Kind of Work Done During Most red)	of KIND OF BUSINE	SS OR INDUSTRY		
RESIDENCE ITEMS	RESIDENCE—STATE COUNTY		memaker	14b. Ow	vn Home		
لحا	RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION	ا ا	AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
	15a. Nevada 15b. D	ouglas	15c Minden Last MOTHE	15d. 14 R—MAIDEN NAME Firs	12 Sanden L		
PARENTS		Micole				/	
	16. Joseph INFORMANT—NAME (Type or Print)	<u>Wesley</u>	Epps 17 MAILING ADDRESS		Ldie D. No., City or Town, State.	Holt Holt	
	, , ,						
· /	18a. William T. Hall BURIAL, CREMATION, REMOVAL, OTHER ((Specify) CEMETE	186 1412 Sa	nden Lane, Mir		89423 or Town State	
	19a. D	19b.	Enghadda Mamond	ol Bort	Minden,		
DISPOSITION	19a. Burial FUNENAL VIRECTOR—SIGNATURE (Or Person acting as Such)		Eastside Memori L DIRECTOR NAME AND ADDRE			County Mortuary	
Ĺ	20a.	20b.		urth Street, M			
	Z 21a. To the best of my knowledge, dea	ith occurred at the time, de	tte and place and	22a. On the basis of e	xamination and/or investigati and place and due to the car	on, in my opinion death occurred	
	ନ୍ଦ୍ର (Signature and Title)	A The		் த		uae(s) and mailler stated.	
	21a. It by the best of my innowledge, deal due to the cause(s stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b. 2 2 0 0 NAME OF ATTENDING PHYSICIA 21d. 21d.	HOUR OF D	EATH	DATE SIGNED (Mo., E		OF DEATH	
ERTIFIER	21b. 2 20 C)221c,	2130	Cl. 5 C. 6 C. 6 C. 6 C. 6 C. 6 C. 6 C. 6 C. 6	22c.		
	NAME OF ATTENDING PHYSICIA	AN IF OTHER THAN CER	RFIER (Type or Print)	PRONOUNCED DEAD	(Mo., Day, Yr.) PRON	OUNCED DEAD (Hour)	
		EEE (OLIVOIOLA)		22d. ON	22e. A		
	NAME AND ADDRESS OF CERT		NDING PHYSICIAN, MEDICAL EXAM	IINEH, OH COHONER). (Type of	^{Print} 89423	LICENSE NUMBER	
	PEGISTRAR David Hoskin	s, M.D., 16	64 Hwy. 395 No.	Ste. 201, Mi BY REGISTRAR (Ma., Day, Yr.)	nden, Nv.	23b. 4628	
CONDITIONS IF ANY WHICH GAVE	24a. (Signature)	10 1	Day 240. Leli	11 a con 1	<i>i</i>		
RISE TO IMMEDIATE		ONE CAUSE PER LINE	FOR (a), (b), AND (c).)	N LUCL	24c. YES NON	Interval between onset and death	
CAUSE STATING THE	PART (a) tixhel (antiac	Andre Hans		•		
UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQU	JENCE OF:	7 74 200 1100			Interval between onset and death	
	((Carrie	- unon	ooled lunn	There I.			
77/	DUE TO, OR AS A CONSEQU	JENCE OF:		ye ye care	:	Interval between onset and death	
CAUSE OF	(c)				:		
DEATH	PART OTHER SIGNIFICANT CONDITION	NS—Conditions contributing	g to death but not resulting in the unc	derlying cause given in Part 1. A		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
	Clinentra,	1) (abe)	es, Chy non	elthouffice	8 No.	^{27.} Yes	
\ \\	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	INJURY (Mo., Day, Yr.) HC	UR OF MJURY DESCRIBE	HOW INJURY OOG OFFIED			
-\ I'	28a. 280.	28a F INJURYAt home, fam		CTOPET AN E.F.	D. No.	TOWN	
\ \	(Specify Yes or No.)	building, etc. (S	pecify)	. STREET OR R.F.I	D. No. CITY OR	TOWN STATE	
1	28e. 28f.	+	28g.			794	
		STATE 6	DECICTOAD		No.	206907	

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

Date Issued:

AUG 0 7 2003

0586188

State Registrar

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