

REQUESTED BY  
**FIRST AMERICAN TITLE CO.**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2003 AUG 12 PM 12:18

WERNER CHRISTEN  
RECORDER

\$15<sup>00</sup> PAID KY 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:

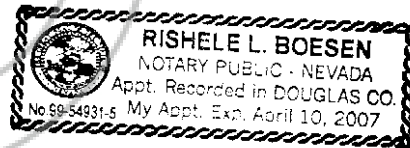
That **Betty J. Hall**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Betty J. Hall** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated 5-16-00 executed by GORDON ANTHONY GAGNON to **William I. Hall and Betty J. Hall** as joint tenants, recorded as Document No. 0492275 on MAY 19, 2000 in Book 0500 of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

**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.**

Date: 7-29-03

By: William I. Hall

STATE OF **NEVADA** )  
 )  
 ) :SS.  
 )  
COUNTY OF **CARSON CITY** )



This instrument was acknowledged before me on

7/29/03 by William I Hall

Rishle L Boesen

Notary Public

(My commission expires: 4/10/07 )

0586188

BK0803PG05455

# 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

20020002350

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		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER		COUNTY OF DEATH	
1. Betty J. HALL		2. February 18, 2002		3a. Carson City		3b. Carson City		3c. Mountainview Care Center	
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		4. Female	
5. 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.		AGE—Last Birthday (Years)		UNDER 1 YEAR MOS : DAYS		UNDER 1 DAY HOURS : MINS	
7a. 76		8. Oct. 5, 1925		9a. Missouri		9b. U.S.A.		9c. 12 years	
10. Decedent's Education. Specify highest grade completed.		11. Married, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		12. William I. Hall		13. [REDACTED]		14. 0889	
14a. Homemaker		14b. Own Home		15a. Nevada		15b. Douglas		15c. Minden	
15d. 1412 Sanden Lane		15e. No		16. Joseph Wesley Epps		17. Goldie Holt		18. William I. Hall	
18b. 1412 Sanden Lane, Minden, Nevada 89423		19a. Burial		19b. Eastside Memorial Park		19c. Minden, Nevada		20a. [Signature]	
20b. 9		20c. 1478 Fourth Street, Minden, Nv. 89423		20d. 53		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.	
21b. 2/20/02		21c. 2130		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		22d. ON	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. AT		23a. David Hoskins, M.D., 1664 Hwy. 395 No., Ste. 201, Minden, Nv.		23b. 4628		24a. [Signature]	
24b. Feb. 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).)		PART I (a) Total Cardiac Arrhythmia		Interval between onset and death	
PART I (b) Chronic undiagnosed hypothyroidism		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. No		27. Yes	
28a. ACC. SUICIDE HOM. UNDET. OR PENDING INVEST. (Specify)		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.		28h. STREET OR R.F.D. No.		28i. CITY OR TOWN		28j. STATE	



STATE REGISTRAR

No. 206907

*Yvonne Sylva*

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

Date Issued: AUG 07 2003

0586188

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

00003P605456