

REQUESTED BY
Stewart Title of Douglas County

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 SEP -9 AM 10: 33

WERNER CHRISTEN
RECORDER

\$ 15⁰⁰ PAID *KJ* DEPUTY

APN: 1220-15-110-008
Recording requested by:
Nevada State Bank
When recorded mail to:
Nevada State Bank
2460 S. 3270 W.
West Valley City, Utah 84119

030502920-LCP
State of NEVADA }
} ss:
County of Douglas }

AFFIDAVIT TERMINATING JOINT TENANCY

JAMES O HAWKINS, of legal age, and being first duly sworn, deposes and says:
THAT: ANNALEE FRANCES HAWKINS, the decedent mentioned in the attached certified copy of Certificate of Death, is one-in-the-same person as the ANNALEE F HAWKINS, named as one of the parties in that certain "Grant, Bargain, Sale Deed" dated October 29, 1976, executed by EDWARD A HARRIS, to JAMES O HAWKINS AND ANNALEE F HAWKINS, HUSBAND AND WIFE, AS JOINT TENANTS, recorded November 2, 1976, in Book 1176, Page No. 44, as Document No. 4374, of Official Records of Douglas County, Nevada, covering the following described real property situated in the County of Douglas, State of Nevada:

LOT 288, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 2, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JUNE 1, 1965, AS DOCUMENT NO. 28309 AND JUNE 4, 1965, AS DOCUMENT NO. 28377.


DATED this 11th day of August, 2003

[Signature]
DECLARANT: JAMES O HAWKINS

State of NEVADA }
} ss:
County of Douglas }

SUBSCRIBED AND SWORN TO before me this ^{4th} day of ^{Sept.} August, 2003.
NOTARY PUBLIC

[Signature]
My commission expires:

 KIMBERLY L. OJEDA
Notary Public State of Nevada
No. 01-68650-5
My appt. exp. May 1, 2005

0589224

BK 0903PG03961

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 108 IMAGE 857 2800

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE INSTRUCTIONS 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 2800			STATE FILE NUMBER		
1. DECEASED—NAME First Middle Last Annalee Frances HAWKINS			2. DATE OF DEATH (Month, Day, Year) November 7, 2002		3. COUNTY OF DEATH Washoe
3b. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) St. Mary's Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	4. SEX Female
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.		7a. AGE—Last Birthday (Years) 59	7b. UNDER 1 YEAR MOS : DAYS :
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 12	
13. SOCIAL SECURITY NUMBER 6930		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Credit Clerk		14b. KIND OF BUSINESS OR INDUSTRY Gaming	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Gardnerville	
16. FATHER—NAME First Middle Last Clinton Oublers		17. MOTHER—MAIDEN NAME First Middle Last Violet Spencer		18d. STREET AND NUMBER 1412 Topaz Lane	
18a. INFORMANT—NAME (Type or Print) James Hawkins - Husband		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1412 Topaz Lane Gardnerville, NV 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Funeral Home 833 N. Edmonds Drive, Carson City, NV 89701	
21a. To be completed by PHYSICIAN 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>[Signature]</i>			22a. To be completed by Coroner's Office 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>[Signature]</i>		
21b. DATE SIGNED (Mo., Day, Yr.) 11/11/02		21c. HOUR OF DEATH 1255		22b. DATE SIGNED (Mo., Day, Yr.)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. PRONOUNCED DEAD (Hour)	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Donald Cassidy, M.D., 75 Pringle Way, #706, Reno, NV 89502					22e. AT
23a. REGISTRAR <i>[Signature]</i>			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) November 12, 2002		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).)					
PART I (a) Cardiorespiratory Arrest				Interval between onset and death 5 min.	
PART I (b) metastatic non-small cell lung cancer				Interval between onset and death 23 mos.	
PART I (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I				Interval between onset and death	
26. AUTOPSY (Specify Yes or No) no		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) no			
28a. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28b. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28e. LOCATION		28f. STREET OR R.F.D. No.	
28g. CITY OR TOWN		28h. STATE			



STATE REGISTRAR

No. 229853

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

Deputy Registrar

0589224

Subara Lee Hunt

Date: **AUG 26 2003**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0903PG03962

BK0903 PG03962