

15

A.P.N. 1221-05-001-031

REQUESTED BY  
Tommy L. Hoyle  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

When Recorded Mail To:  
✓ Stephanie Hoyle  
P. O. Box 1896  
Minden, NV 89423

2003 DEC -5 AM 9: 07

WERNER CHRISTEN  
RECORDER

\$15<sup>00</sup> PAID KJ DEPUTY

**AFFIDAVIT - DEATH OF JOINT TENANT**

The undersigned being first duly sworn, deposes and says:

That William Redden Ferguson, Jr., decedent mentioned in the attached certified copy of Certificate of Death, is the same person as William R. Ferguson named as one of the parties in that certain Grant, Bargain and Sale Deed dated June 23, 1998, executed by William R. Ferguson, an unmarried man, to WILLIAM R. FERGUSON, an unmarried man and STEPHANIE HOYLE, a married woman as Joint Tenants with right of survivorship recorded as Instrument No. 0583101 on July 14, 2003 of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 4, in Block A, as shown on the map of PINENUT HILLS RANCH UNIT NO. 1, filed in the Office of the County Recorder of Douglas County, Nevada, on December 6, 1984, Page 738, Document No. 110990.

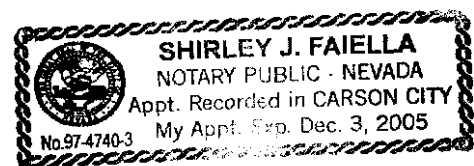
Dated: December 3, 2003

Stephanie Hoyle  
STEPHANIE HOYLE

STATE OF NEVADA )  
) SS.  
COUNTY OF ~~DOUGLAS~~ ) Carson City

On Dec. 4, 2003, before me, a notary public, personally appeared Stephanie Hoyle, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that she executed the instrument.

Shirley J. Faiella  
Notary Public



0598677

BK1203PG01989

# STATE OF COLORADO

## STATE OF COLORADO CERTIFICATE OF DEATH

STATE FILE NUMBER

<b>DECEDENT</b>				1. DECEDENT'S NAME (First, Middle, Last) <b>William Redden FERGUSON, Jr.</b>		2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>July 14, 2003</b>					
4. SOCIAL SECURITY NUMBER <b>3317</b>		5a. AGE - Last Birthday (Years) <b>79</b>		5b. UNDER 1 YEAR Mos Days Hrs Mins		6. DATE OF BIRTH (Month, Day, Year) <b>March 22, 1924</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Clarks, Louisiana</b>					
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)											
9b. FACILITY NAME (If not institution, give street and number) <b>130 Pearl Street, #203</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>Denver</b>			9d. COUNTY OF DEATH <b>Denver</b>						
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Executive</b>			10b. KIND OF BUSINESS/INDUSTRY <b>Heating &amp; Air Conditioning</b>			11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Divorced</b>		12. SPOUSE (If wife, give maiden name)					
13a. RESIDENCE-STATE <b>Colorado</b>		13b. COUNTY <b>Denver</b>		13c. CITY, TOWN, OR LOCATION <b>Denver</b>		13d. STREET AND NUMBER <b>130 Pearl Street, #203</b>							
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE <b>80203</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify		15. RACE: American Indian, Black, White, etc. (Specify) <b>White</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary or secondary (9 through 12) College (13 through 16 or 17+) <b>10</b>					
<b>PARENTS</b>				17. FATHER-NAME (First, Middle, Last) <b>William Redden Ferguson, Sr.</b>		18. MOTHER-NAME (First, Middle, Last (Maiden Name)) <b>Bertie Greer</b>		19. INFORMANT-NAME and relationship to decedent. <b>Stephanie F. Hoyle - Daughter</b>					
<b>DISPOSITION</b>				20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Horan &amp; McConaty Crematory</b>		20c. LOCATION - City or Town, State <b>Denver, Colorado</b>					
21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Pauline E. Krasner</i>				21b. NAME AND ADDRESS OF FACILITY: <b>Horan &amp; McConaty Funeral Service/Cremation 1091 S. Colorado Blvd., Denver, CO 80246</b>									
22a. REGISTRAR'S SIGNATURE <i>Lorraine E. Rivera, Deputy</i>				22b. DATE FILED (Month, Day, Year) <b>JUL 21 2003</b>									
23. TIME OF DEATH <b>1:20 A.</b>		24. DATE PRONOUNCED DEAD Month Day Year <b>July 14 2003</b>		25. WAS CORONER NOTIFIED? (Yes or No) <b>Yes</b>									
<b>CERTIFIER</b>				26. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature: <i>Melvin Klein, M.D.</i>				27. 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 as stated. Signature: _____					
28. DATE SIGNED (Month, Day, Year) <b>July 14, 2003</b>				29. DATE SIGNED (Month, Day, Year)									
30. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print) <b>Melvin Klein, M.D., 4545 E. 9th Avenue, #350, Denver, CO</b>				ZIP: <b>80220</b>									
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print)													
<b>CAUSE OF DEATH</b>				32. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Homicide		33a. DATE OF INJURY (Month, Day, Year)		33b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No		33c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		33d. DESCRIBE HOW INJURY OCCURRED	
34. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone.				33e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		33f. LOCATION (Street and Number or Rural Route Number, City, County, State)							
PART I CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST (c) (a) <i>Squamous cell carcinoma of lung</i> DUE TO OR AS A CONSEQUENCE OF (b) <i>Pneumonia</i> DUE TO OR AS A CONSEQUENCE OF (c)				Interval between onset and death <b>2 mo.</b>		Interval between onset and death <b>1 mo</b>		Interval between onset and death		35. AUTOPSY (Yes or No) <b>No</b>		36. IF YES were findings considered in determining cause of death?	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in Part I (e.g. alcohol abuse, obesity, smoker) <i>End Stage Renal Disease</i>													

BR 1203 Pg 190  
 F 1201 Pg 019 N  
 0598677

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD WHICH IS IN MY CUSTODY.

16-367351

DHS-16 1-89 (Rev. 1-91)

JUL 21 2003

DATE ISSUED

*L. B. Johnson M.D.*  
LOCAL REGISTRAR

Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.