

-15

REQUESTED BY  
Stokes Winter  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2004 AUG -5 AM 9:42

WERNER CHRISTEN  
RECORDER

\$1500 PAID CF DEPUTY

Recorded at the request of:  
Mark A. Winter  
801 N. Division  
Carson City, NV 89703  
When recorded, mail to:  
Mail tax statements to:  
✓ Leslie M. Hobbs  
PO Box 2938  
Minden, NV 89423

APN: 1220-13-801-021

**AFFIDAVIT OF DEATH FOR TERMINATION OF JOINT TENANCY**

STATE OF NEVADA        )  
                                  ):    ss.  
CARSON CITY            )

Leslie M. Hobbs, being first duly sworn, deposes and says:

1. That Affiant is the surviving spouse of Billy J. Hobbs, Jr. who died on the 26th day of June, 2004, in the County of Douglas, State of Nevada, and that a certified copy of the Death Certificate is attached hereto.

2. That at the date of death, the said Billy J. Hobbs, Jr. was an owner in joint tenancy with the Affiant of certain real property located in the County of Douglas, State of Nevada, described as follows:

Being all of Parcel C, as shown on the Parcel Map for Garry Den Heyer, et ux, filed in the office of the County Recorder of Douglas County, Nevada, on January 11, 1977, in Book 177 of Parcel Maps, at page 384, File No. 06043.

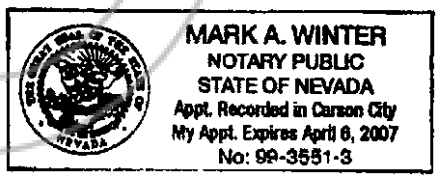
3. That said joint tenancy was created by a Deed dated December 22, 1986, recorded on December 24, 1986, in Book 1286, Page 3040 as Document Number 147273 in the Douglas County Recorder's Office.

4. That upon the death of Billy J. Hobbs, Jr., the Affiant became the sole owner of the above-described property as her sole and separate property.

Leslie M. Hobbs  
Leslie M. Hobbs

Subscribed and sworn to before me  
this 4th day of August, 2004.

Mark A. Winter  
Notary Public



0620672

BK 0804 PGO 1856

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1. Billy Joseph HOBBS		2. June 26, 2004		3. Douglas	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number)		SEX	
3b. Genoa		3c. Main St. & Jacks Valley Rd.		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		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)	
5. White		6. No		7a. 52	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		DATE OF BIRTH (Mo., Day, Yr.)	
8a. California		9b. U.S.A.		8. February 7, 1952	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
13. 8476		14a. Mechanical Engineer		11. Married	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		KIND OF BUSINESS OR INDUSTRY	
15a. Nevada		15c. Gardnerville		14b. Plastic Manufacturing	
FATHER—NAME		MOTHER—MAIDEN NAME		SURVIVING SPOUSE (If wife, give maiden name)	
16. Billy J. Hobbs Sr.		17. Laura Greene		12. Leslie Greenwood	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Leslie Hobbs		18b. 1938 Pinto Circle, Gardnerville, NV., 89410			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. Walton's Sierra Crematory		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. <i>James Kennedy</i>		20b. 09		20c. 1281 N. Rook St., Carson City, Nevada 89706	
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. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo., Day, Yr.)	
21b. 06-29-04		21c. 1045		22b. 06-29-04	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)	
21d. 21d.		21e. 06-26-04		22c. AT 1045	
22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		22b. LICENSE NUMBER		22c. ON	
22a. Mike Biaggini, Chief Deputy Coroner, P.O. Box 218, Minden, NV		22b. 141		22c. 06-26-04	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. <i>Vera R. Kochoma</i>		24b. June 29, 2004		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death			
PART 1 (a) MULTIPLE INJURIES TO TORSO		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			
PART 1 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
26. Blunt Force Middle-Low Trauma		26. YES		27. YES	
ACC. SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a. ACC.		28b. 06-26-04		28c. 0954 M	
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. No		28f. STREET		28g. MAIN ST + JACKS VALLEY RD, GENOA, NV	

STATE REGISTRAR

No. 264054

36407

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: JUN 29 2004

*Yvonne Sylva*  
STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

