

16-
A.P.N. # 1320-33-813-021

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

✓ LUCILLE M. HEWITT
1328 WINDSOR DRIVE
GARDNERVILLE, NV 89410

REQUESTED BY
Lucille Hewitt
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 OCT 25 AM 10:39

WERNER CHRISTEN
RECORDER

s/16 w PAID *30* DEPUTY

(Space Above for Recorder's Use Only)

AFFIDAVIT

By Surviving Spouse Succeeding to Title to Community Property
With Right of Survivorship (Sections 111.064 and 111.365, Nevada Revised Statutes
A CERTIFIED COPY OF DEATH CERTIFICATE MUST BE ATTACHED TO THIS AFFIDAVIT

LUCILLE M. HEWITT, of legal age, being first duly sworn, deposes and says:
That NORMAN WALLACE HEWITT, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as NORMAN W. HEWITT
named as one of the parties in that certain DEED dated August 24, 1999
executed by SYNCON HOMES, a Nevada corporation
to NORMAN W. HEWITT and LUCILLE M. HEWITT
husband and wife, as Community Property, With Right of Survivorship, recorded as Document No. 476302
on September 10, 1999 in Book 0999, Page 1812, of Official Records of
DOUGLAS County, State of Nevada, affecting the following described property:

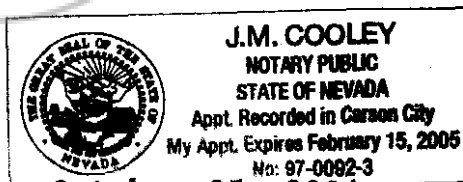
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

That she/he was married to NORMAN WALLACE HEWITT
at the time of death of decedent. That no transfers of interest by either NORMAN WALLACE HEWITT
nor LUCILLE M. HEWITT, have occurred in regards to the herein described community
property estate. That NORMAN WALLACE HEWITT did not execute a Will in conflict with
Right of Survivorship set forth in the above mentioned deed. That NORMAN WALLACE HEWITT
died on October 05, 2004 at WASHOE COUNTY, NV
as set forth in the attached Certificate of Death.

DATE: October 25, 2004

Lucille M. Hewitt
LUCILLE M. HEWITT

STATE OF NEVADA }
COUNTY OF DOUGLAS } SS.



This instrument was acknowledged before me on October 25, 2004
by LUCILLE M. HEWITT

Signature *J.M. Cooley*

Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

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EXHIBIT "A"

LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of DOUGLAS described as follows:

Lot 28, Block D, as set forth on FINAL SUBDIVISION MAP No. 1006-5 for CHICHESTER ESTATES, PHASE 5, filed in the office of the County Recorder of Douglas County, Nevada and recorded April 9, 1999, in Book 499, Page 1900, as Document No. 465394.

Assessors Parcel No. 1320-33-813-021

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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 115 IMAGE 894

2635

STATE FILE NUMBER

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

DECEASED—NAME First Middle Last 1. Norman Wallace HEWITT		DATE OF DEATH (Month, Day, Year) October 5, 2004		COUNTY OF DEATH 3a. Washoe
CITY, TOWN OR LOCATION OF DEATH 3b. Sparks		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Northern Nevada Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Frm. Inpatient (Specify) 3d. Inpatient
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 9. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 83
STATE OF BIRTH (If not U.S.A., name country) 9a. New Jersey		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 12
SOCIAL SECURITY NUMBER 13. ██████████ 9883		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Quality Assurance Inspector		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville	STREET AND NUMBER 15d. 1328 Windsor Dr.
FATHER—NAME First Middle Last 16. John Hewitt		MOTHER—MAIDEN NAME First Middle Last 17. Katheryne Hedley		
INFORMANT—NAME (Type or Print) 18a. Lucille M. Hewitt		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1328 Windsor Dr., Gardnerville, Nevada 89410		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Walton's Sierra Crematory		LOCATION City or Town State 19c. Carson City, Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>Jammy Deady</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 09	NAME AND ADDRESS OF FACILITY 20c. 1478 4th St., Minden, Nevada 89423	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b. 10/7/04		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. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 22b.		
21c. HOUR OF DEATH 21d. 1300		22c. HOUR OF DEATH 22d. ON		22e. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Merritt Dunlap, M.D., 1200 N. Mountain St., Carson City, NV		89703		LICENSE NUMBER 23b. 8077
REGISTRAR 24a. (Signature) <i>Sandy Antunes</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. October 8, 2004	DEATH DUE TO COMMUNICABLE DISEASE 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 (a) <i>Cardiopulmonary Arrest</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 Interval between onset and death Interval between onset and death		
PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY? (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No	
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28e.	LOCATION 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE



STATE REGISTRAR

No. 268981

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

Deputy Registrar: *Barbara Lee Hunt*

Date: OCT 15 2004

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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