

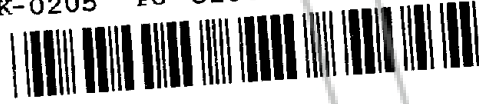
16
2
DOC # 0637372
02/23/2005 02:20 PM Deputy: KLJ
OFFICIAL RECORD
Requested By:
ROWE & HALES

APN: 1320-32-611-006

When Recorded Mail To:

✓
ROWE & HALES, LLP
James R. Hales, Esq.
P.O. Box 2080
Minden, NV 89423

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0205 PG- 8286 RPTT: 0.00



Send Tax Statements To:

The Estate of Dorothy M. Hawkins
c/o Rita Phillips, Personal Representative
3566 Haystack Drive
Carson City, NV 89705

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY
(Death of Joint Tenant)**

Rita Phillips, being of legal age and being first duly sworn, deposes and says:

William Robinson Hawkins, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as William Hawkins, named as one of the parties in that certain Grant, Bargain and Sell Deed, dated the 28th day of August, 1978, executed by Odel and Dorothy Baker to William R. Hawkins and Dorothy M. Hawkins, husband and wife as joint tenants, recorded as Instrument No. 25223 on the 14th day of September, 1978, in Book 978, Page 954 of the Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

Lot 12, as shown on the map of WILDROSE SUBDIVISION, PLAT NO. 1, filed in the office of the County Recorder of Douglas County, State of Nevada, on October 28, 1964, as Document No. 26425.

Per NRS 111.312, this legal description was previously recorded at Document No. 25223, Book No. 978, Page 954, on September 14, 1978.

Affiant was the father of Rita Phillips, up to and until his death.

William Robinson Hawkins died on the 19th day of September, 2002.

IN WITNESS WHEREOF, I have hereunto set my hand this 14 day of Jan, 2005.

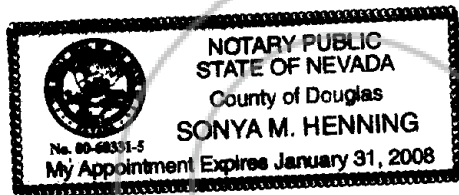
Rita Phillips
Rita Phillips

ACKNOWLEDGMENT

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 14 day of Jan, 2005, by
Rita Phillips.

WITNESS my hand and official seal.



Sonya M. Henning
NOTARY PUBLIC

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

20020012555

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. William Robinson HAWKINS		2. September 19, 2002	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Gardnerville		3a. Douglas	
3c. 1102 Spruce St.		3e. 6	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. White		4. Male	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		DATE OF BIRTH (Mo., Day, Yr.)	
6. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. January 19, 1921	
AGE—Last Birthday (Years)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
7a. 81		11. Married	
CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (If wife, give maiden name)	
9b. U.S.A.		12. Dorothy Peters	
Decedent's Education. Specify highest grade completed.		KIND OF BUSINESS OR INDUSTRY	
10. 14		14b. Aircraft Industry	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. 9304		14a. Inspector	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Gardnerville	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 1102 Spruce St.	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last	
15e. Yes		16. Charles Patrick Hawkins	
MOTHER—MAIDEN NAME First Middle Last		17. Helene Marie Robinson	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Dorothy Hawkins		18b. 1102 Spruce St. Gardnerville, Nevada 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Walton's Carson Sierra Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
20a. <i>[Signature]</i>		19c. Carson City Nevada	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. 09		20c. 44 Capitol City Cremation & Burial Society 1614 N. Curry St. Carson City, NV 89703	
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) <i>[Signature]</i>		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) <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 09/20/2002		22b. 09/20/2002	
HOUR OF DEATH		HOUR OF DEATH	
21c. 01:10		22c. 01:10	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. Dr. Andrea Miller, 1374 Bridle Way, Minden, NV 89423		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Hour)	
23a. Dr. Andrea Miller, 1374 Bridle Way, Minden, NV 89423		22e. AT	
REGISTRAR		LICENSE NUMBER	
24a. <i>[Signature]</i>		23b. 8912	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24c. Sept. 20, 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) Cor pulmonale			
DUE TO, OR AS A CONSEQUENCE OF:			
(b) sleep apnea syndrome			
DUE TO, OR AS A CONSEQUENCE OF:			
(c) obesity			
PART II			
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
diabetes mellitus		26. No	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			
28a. 28b. 28c. M 28d.			
DESCRIBE HOW INJURY OCCURRED			
INJURY AT WORK (Specify Yes or No)			
28e. 28f. 28g.			

STATE REGISTRAR

No. 218951

22589

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:

OCT 26 2004

This copy is not valid unless prepared by the State Registrar.

STATE REGISTRAR



BK- 0205
PG- 8288

