

16

OFFICIAL RECORD

Requested By:

FIRST AMERICAN TITLE

INSURANCE CO

Douglas County - NV

Werner Christen - Recorder

Page: 1 OF 3 Fee: 16.00
BK-0705 PG- 3048 RPTT: 0.00

A.P.N.: 1318-26-514-003
File No: 2983400 (HMJ)



When Recorded Return To:
FIRST AMERICAN TITLE
1801 LAKEPOINTE DR, STE 111
LEWISVILLE TX 75057

AFFIDAVIT - TERMINATING JOINT TENANCY

GEORGE S. HATCHER, of legal age, being first duly sworn, deposes and says: *7251082*

That **GLADYS M. HATCHER**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **GLADYS M. HATCHER** named as one of the parties in that certain **GRANT, BARGAIN, SALE DEED** dated **JULY 08, 2002** executed by **GEORGE S. HATCHER AND GLADYS M. HATCHER** to **GEORGE S. HATCHER AND GLADYS M. HATCHER, HUSBAND AND WIFE AND G. STEVEN HATCHER, AN UNMARRIED MAN, ALL** as joint tenants; recorded as Document No. **0547337** on **JULY 17, 2002** in Book **0702 PAGE 05251** of Official Records of **DOUGLAS** County, **Nevada** covering the following described property situated in the County of **DOUGLAS**, State of **Nevada** :

A PARCEL OF LAND LOCATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, AND KNOWN AS: BEING LOT NUMBER 1 BLOCK B IN GRANITE SPRINGS SUBDIVISION UNIT NO. 1 AS SHOWN IN THE RECORDED PLAT/MAP THEREOF IN BOOK 579 PAGE(S) 1150 OF DOUGLAS COUNTY RECORDS.

George S. Hatcher 5/4/05

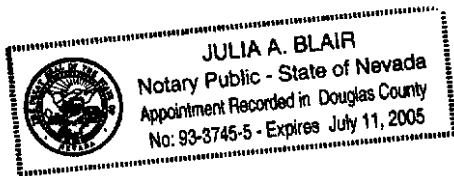
GEORGE S. HATCHER Date

STATE OF **NEVADA**)
)
) :SS.
COUNTY OF **DOUGLAS**)

This instrument was acknowledged before me on 5/4/05 by

GEORGE S. HATCHER
Julia A. Blair

Notary Public
(My commission expires: 7/11/05)



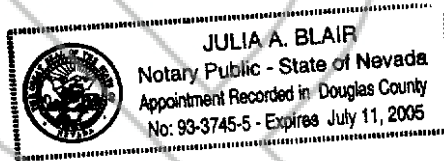
NOTARY INFORMATION

NOTARY PUBLIC: PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Name: Julia A. Blair
Address: PO Box 7199- Stateline NV 89449
Daytime Phone Number: (775) 588-3325
State: NEVADA
County: Douglas

ALSO, PLEASE PROVIDE US WITH A COPY OF THE IDENTIFICATION USED TO NOTARIZE THE DOCUMENTS, AND A COPY OF YOUR NOTARY LOG PAGE WHERE YOU NOTARIZED THE DOCUMENTS.

PLEASE PROVIDE IN THE SPACE BELOW YOUR NOTARY STAMP:



In the event **First American Title Insurance Company National Lenders Advantage**, a(n) CA Corporation comes across a problem with the Notary section I, Julia A. Blair (notary public) authorizes **First American Title Insurance Company National Lenders Advantage**, a(n) CA Corporation to make changes to the notary section only.

Julia A. Blair
Notary Public signature

Reproduced by First American Title Insurance 1/2001



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

returns:
First American title
720 3rd #2020
see the WA 98104

TYPE
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|---|--|---|---|---|---------------------------------------|
| LOCAL FILE NUMBER | | | STATE FILE NUMBER | | |
| 1. DECEASED—NAME First Middle Last Gladys M HATCHER | | | DATE OF DEATH (Month, Day, Year) January 16, 2005 | | COUNTY OF DEATH 3a. Douglas |
| 3b. CITY, TOWN OR LOCATION OF DEATH Stateline | | 3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 135 Cypress Lane | | If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. | |
| 4. 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 <input type="checkbox"/> if yes, specify Mexican, Cuban, Puerto Rican, etc. | | AGE—Last Birthday (Years) 77 | |
| 5. STATE OF BIRTH (If not U.S.A., name country) Wisconsin | | 9a. CITIZEN OF WHAT COUNTRY USA | | 10. Decedent's Education. Specify highest grade completed. 18 | |
| 11. SOCIAL SECURITY NUMBER ██████████-4335 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) Teacher | | 12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 15a. RESIDENCE—STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN, OR LOCATION Stateline | |
| 16. FATHER—NAME First Middle Last William - Festerling | | 17. MOTHER—MAIDEN NAME First Middle Last Lydia - Benke | | | |
| 18a. INFORMANT—NAME (Type or Print) George Sigel Hatcher | | | 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) PO BOX 3091 Stateline, Nevada 89449 | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial, Removal | | 19b. CEMETERY OR CREMATORY—NAME Conejo Mountain Memorial Park | | 19c. LOCATION City or Town State Camarillo, California | |
| 20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>James a. Lu</i> | | 20b. FUNERAL DIRECTOR LICENSE NUMBER 69 | | | |
| 21a. DATE SIGNED (Mo., Day, Yr.) January 19, 2005 | | 21b. HOUR OF DEATH 2342 | | 21c. NAME AND ADDRESS OF FACILITY Neptune Society of Nye County 720 Buol Pahrump, NV 89048 | |
| 22a. (Signature and Title) <i>Jorge Perez MD</i> | | 22b. (Signature and Title) <i>[Signature]</i> | | | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Jorge Perez, MD 1000 N. Division Carson City, NV 89703 | | 23b. LICENSE NUMBER 10108 | | | |
| 24a. REGISTRAR (Signature) <i>[Signature]</i> | | 24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) January 21, 2005 | | 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) Pancreatic Cancer | | Interval between onset and death Months | | | |
| (b) DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | | | |
| (c) DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | | | |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. No | | | | 26. AUTOPSY (Specify Yes or No) No | |
| 28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. | | 28b. DATE OF INJURY (Mo., Day, Yr.) 28b. | | 28c. HOUR OF INJURY 28c. | |
| 28d. DESCRIBE HOW INJURY OCCURRED | | 28e. INJURY AT WORK (Specify Yes or No) 28e. | | | |
| 28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. | | 28g. LOCATION | | 28h. STREET OR R.F.D. No. CITY OR TOWN STATE | |

STATE REGISTRAR

No. 277744

14874

CERTIFIED COPY OF VITAL RECORDS

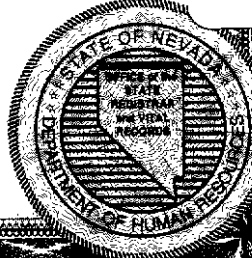
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **FEB 02 2005**

[Signature]
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



BK- 0705
PG- 3050
07/07/2005
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