

17- APN: 1318-24-601-003

DOC # 0674694
05/12/2006 10:30 AM Deputy: CF
OFFICIAL RECORD
Requested By:
LENDERS FIRST CHOICE

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0506 PG- 4666 RPTT: 0.00



RECORDING REQUESTED BY:

LENDERS FIRST CHOICE

WHEN RECORDED MAIL TO:

✓ Lender First Choice
3850 Royal Avenue
Simi Valley, CA 93063
1-800-803-2658

Deal #61-8022646

Space above this line reserved for recorder's use

TITLE(S)

Affidavit - Death of Joint Tenant

Tax Parcel Number: 1318-24-601-003

RECORDING REQUESTED BY
Alliance Title Company
AND WHEN RECORDED MAIL TO

Name THOMAS M HEMER
Street Address 249 LAUREL CIRCLE
City, State Zip ZEPHYR COVE, NV 89448

Order No. 61-00674966

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA
COUNTY OF DOUGLAS S.S.

THOMAS M HEMER, of legal age, being first duly sworn, deposes and says:
That **Colette F. Hemer**, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as **Colette Hemer**
named as one of the parties in that certain **Deed** dated **November 3, 1988**
executed by **William H. Jones, Jr. and Olive Jones, husband and wife**
to **Thomas H. Hemer and Colette Hemer, husband and wife, as joint tenants with right of survivorship**
recorded as Instrument No. **192002**, on **12-5-88**, in
Book **1288**, Page **495**, of Official Records of **DOUGLAS**
County, NEVADA, covering the following described property situated in the **City of Zephyr Cove**
County of **DOUGLAS**, State of NEVADA:

See Exhibit A attached hereto and made a part hereof.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ _____

Dated 4-27-06

State of NEVADA
County of DOUGLAS
SUBSCRIBED AND SWORN TO (or affirmed) before me on this

27 day of April, 2006, by
Thomas H. Hemer

Personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

} S.S. **THOMAS M HEMER**
[Signature]

Signature *[Signature]*

 DONNA J. WYLIE
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 05-99984-2 - Expires September 19, 2009

(This area for official notarial seal)

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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last 1. Colette F HEMER			DATE OF DEATH (Month, Day, Year) December 12, 2005		
PRECEDENT	CITY, TOWN OR LOCATION OF DEATH 3b. Stateline			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 245 Laurel Cir.		
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White			SEX 4. Female		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 9a. France			CITIZEN OF WHAT COUNTRY 9b. USA		
	SOCIAL SECURITY NUMBER 13. ██████████ 0995			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Homemaker		
PARENTS	FATHER—NAME First Middle Last 16. Jean Verquere			MOTHER—MAIDEN NAME First Middle Last 17. Alice Rathe		
	INFORMANT—NAME (Type or Print) 18a. Thomas H Hemer			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. PO Box 11861 Zephyr Cove, Nevada 89448		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial, Removal			CEMETERY OR CREMATORIUM—NAME 19b. San Joaquin National Cem.		
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>James A. Lee</i>			FUNERAL DIRECTOR—NAME AND ADDRESS OF FACILITY 20b. 720 Buol Pahrump, NV 89048		
CERTIFIER	DATE SIGNED (Mo., Day, Yr.) 21b. 01/04/2005			HOUR OF DEATH 21c. 1520		
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Stephen Hewitt, D.O. 155 Hwy 50, Stateline, NV 89449			LICENSE NUMBER 23b. 20A8217		
CAUSE OF DEATH	REGISTRAR <i>James E. [Signature]</i>			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. January 4, 2006		
	25. IMMEDIATE CAUSE (a) Chronic obstructive pulmonary disease			DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	PART I (b) Chronic renal insufficiency			Interval between onset and death 10 yrs		
	PART II (c) Dementia			Interval between onset and death 6 yr		
26. No			27. Yes			
28a. No			28b. No			
28c. No			28d. No			
28e. No			28f. No			
28g. No			28h. No			

STATE REGISTRAR

No. 277739

097222

CERTIFIED COPY OF VITAL RECORDS

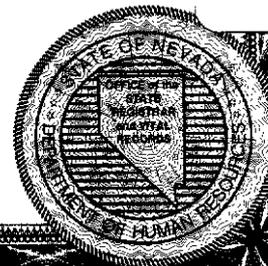
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **JAN 04 2006**

[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



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PG- 4668
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EXHIBIT "A"

ALL THAT CERTAIN REAL PROPERTY SITUATE IN THE COUNTY OF DOUGLAS,
STATE OF NEVADA, DESCRIBED AS FOLLOWS:

LOT 23, AS SHOWN ON THE MAP OF KINGSBURY HIGHLANDS UNIT NO. 2,
FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY,
NEVADA, ON DECEMBER 26, 1961, AS DOCUMENT NO. 19280.

FOR INFORMATIONAL PURPOSES ONLY: THE APN IS SHOWN BY THE COUNTY
ASSESSOR AS 1318-24-601-003; SOURCE OF TITLE IS BOOK 487, PAGE
2345 (RECORDED 04/20/87)

