

16'

RECORDING REQUESTED BY:
We The People
WHEN RECORDED MAIL TO:

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0606 PG- 1663 RPTT: 0.00

✓ Thomas W. Hancock
1034 Haystack Drive
Carson City, NV 89705



AFFIDAVIT - DEATH OF JOINT TENANT

APN: 1420-08-212-007

State of Nevada }
County of Carson }

Thomas W. Hancock, of legal age, being first duly sworn, deposes and says:

That Betty Y. Hancock, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Betty Y. Hancock, named as one of the parties in that certain deed recorded October 17, 2001, executed on October 17, 2001, by H & S Construction, Inc., a Nevada Corporation, to Thomas W. Hancock and Betty Y. Hancock, Husband and Wife as Joint Tenants with Right of Survivorship, recorded as Instrument No. 0525417, Book 1001, Page 5592, in Douglas County, Nevada
Commonly known as: 1034 Haystack Drive, Carson City, NV 89705

Described as:

Lot 8 in Block I as shown on the Amended Map of SUNRIDGE HEIGHTS, PHASE 5B, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada on February 22, 1995 in Book 298, Page 3219 as Document No. 356642.

With all appurtenances, subject to covenants, easements and restrictions of record.

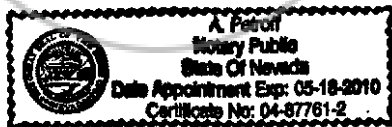
Date 6 June 2006

Thomas W. Hancock

State of Nevada }
County of Carson }

On June 6, 2006, before me, Alyssa Petroff, a notary public in and for said state, personally appeared Thomas W. Hancock, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.
Witness my hand and official seal.

Notary Public



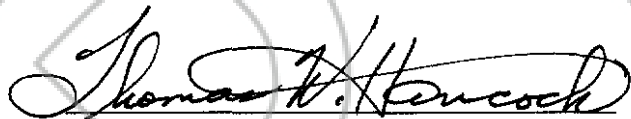
VERIFICATION

I, the undersigned, say:

I am the declarant in this proceeding; the statements in the affidavit are true to my knowledge, except as to the matters that are stated in it on my information and belief, and as to those matter, I believe it to be true.

I declare under penalty of perjury under the laws of the State of Nevada that the above is true and correct.

Executed on 6 June 2006, 2006, at Carson City, Nevada


Thomas W. Hancock, Declarant

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			STATE FILE NUMBER		
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
1. Betty Y. HANCOCK			2. May 23, 2006		3a. Douglas
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX
3b. Carson City		3c. 1034 Haystack Drive		3a.	4. Female
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)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 70	7b.	7c.	8. September 14, 1929
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	
9a. New Jersey	9b. USA	10. 14	11. Married	12. Thomas W. Hancock	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Name Kind of Work Done During Most of Working Life, Even If Retired)	KIND OF BUSINESS OR INDUSTRY			
13. 8096	14a. Homemaker	14b. Own Home			
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada	15b. Douglas	15c. Carson City	15d. Haystack Drive	15e. No	
FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last				
16. Lewis Johnson Yapp	17. Reba C. Hutchison				
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Thomas W. Hancock		18b. 1034 Haystack Drive, Carson City, Nevada 89705			
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 (Of Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>	09	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)		21b. 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.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
21b. 05/25/06		21c. 0765		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d.		22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)					LICENSE NUMBER
23a. Garrett Schwartz, M.D., 1107 Hwy 395, Gardnerville, NV 89410					23b. 9086
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		
24a. <i>[Signature]</i>	24b. May 25, 2006		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 1	(a) <i>Cardiopulmonary arrest</i>				Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:				<i>Minutes</i>
PART 1	(b) <i>CHD (Coronary artery disease)</i>				Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:				
PART 1	(c) <i>DM (diabetes)</i>				Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:				
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)
	<i>CVA</i>			26. No	27. Yes
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a.	28b.	28c. M	28d.		
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.	28f.	28g.			

BK- 0606
PG- 1665
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STATE REGISTRAR

No. 337756

118656

CERTIFIED COPY OF VITAL RECORDS

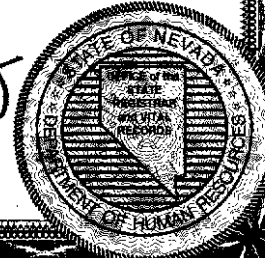
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

MAY 25 2006

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