

OFFICIAL RECORD

Requested By:
BEVERLY ANN HULL

APN: 1022-16-001-121
APN: 37-405-01

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

✓ Name BEVERLY ANN HULL
Street 3635 GRANITE WAY
Address
City,State WELLINGTON NV 89444
Zip

Order No.

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0606 PG- 6506 RPIT: 0.00



(SPACE ABOVE THIS LINE FOR RECORDERS USE)

AFFIDAVIT - DEATH OF JOINT TENANT

BEVERLY ANN HULL, of legal age, being first duly sworn, deposes and says:

That JAMES R. HULL, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JAMES R. HULL named as one of the parties in that certain GRANT DEED dated JANUARY 13, 1993 executed by LEONARD A. BLEAKNEY AND ELINOR E. BLEAKNEY to JAMES R. HULL AND BEVERLY ANN HULL as joint tenants, recorded as instrument No. 299755, on FEB 17, 1993, in Book 293, Page 2691, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the, County of DOUGLAS, State of Nevada:

LOT 22, IN BLOCK K AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO 4 FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON NOVEMBER 16, 1970 IN BOOK 1 OF MAPS PAGE 224 DOCUMENT NUMBER 50212

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 \$ 0.


Dated June 20, 2006

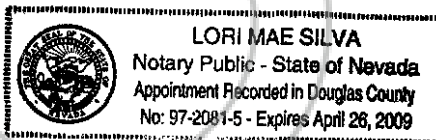

Surviving Joint Tenant

STATE OF NEVADA }
COUNTY OF DOUGLAS } SS

This instrument was acknowledged before me on June 20, 2006,

by BEVERLY ANN HULL


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

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

POSITION

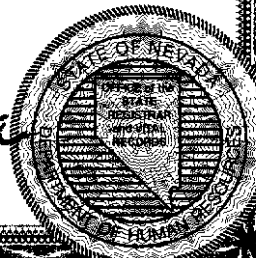
CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. James Robert		HULL		2 February 6, 2004		3a. Douglas	
3b. Wellington		3c. 3635 Granite Way		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		4. Male	
5. White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. 75		8. November 18, 192	
9a. California		9b. USA		10. 16		11. Married	
13. 7203		14a. Mechanical Engineer		14b. Aerospace		12. Beverly Tibbetts	
15a. Nevada		15b. Douglas		15c. Wellington		15d. 3635 Granite Way	
16. Edgar Gray		17. Mattie Belle Wilson		18a. Beverly Hull		18b. 3635 Granite Way, Wellington, Nevada 89444	
19a. Cremation		19b. Walton's Sierra Crematory		19c. Carson City, Nevada		20a. 09	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. 2/9/04		21c. 1125		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.	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print.)		23a. Andrea Miller, M.D., 1374 Bridle Way, Minden, NV 89423		23b. 8912		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. (Signature) <i>Hua P. Kachamp</i>		24b. February 10, 2004		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		27. No	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		(a) <i>respiratory arrest</i>		(b) <i>metastatic prostate cancer</i>		Interval between onset and death	
26. No		27. No		28a. 28b. 28c. M 28d.		28e. 28f. 28g.	

BK- 0606
PG- 6508
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06/20/2006
0677597



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CERTIFIED COPY OF VITAL RECORDS

No. 249592

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.

Sybilne Sylva
STATE REGISTRAR

DATE ISSUED: FEB 10 2004

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE