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

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

Name Street BEVERLY ANN HULL 3635 GRANITE WAY

Address

City,State

**WELLINGTON NV 89444** 

Zip

Order No.

DOC # 0677597 06/20/2006 10:13 AM Deputy: PK OFFICIAL RECORD Requested By: BEVERLY ANN HULL

> Douglas County - NV Werner Christen - Recorder

Page: 1 Of 3 Fee

Of 3 Fee: 16.00 PG-6506 RPTT: 0.00



(SPACE ABOVE THIS LINE FOR RECORDERS USE)

BK-0606

## AFFIDAVIT - DEATH OF JOINT TENANT

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

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

## Affidavit - Death of Joint Tenant - Page 2

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

STATE OF NEVADA

COUNTY OF DOUGLAS

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

by BEVERLY ANN HULL

**Notary Public** 

LORI MAE SILVA Notary Public - State of Nevada Appointment Recorded in Douglas County No: 97-2081-5 - Expires April 26, 2009 ss }

BK- 0606 PG- 6507 0677597 Page: 2 Of 3 06/20/2006

## STATUE OF NEWALDA

## **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** 

OCCUPANT AND A .				STATE FILE NUMBER
DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
-	obert	HULL	2February 6, 2004	3a Douglas
CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHE	R INSTITUTION—Name (if not either, giv	re street and number) If Hosp. or Inst. indic Fim. Inpatient (Speci	(y)
3b. Wellington	s3635 Gra		3e.	4Male
ACE—(e.g., White, Black, American indian, etc.) (Specify)	Was Decedent of Hispanic On specify Mexican, Cuban, Puer	gin? Specify ☐ yes 🔼 no If yes, AGE– lo Rican, etc	-Last UNDER 1 YEAR UNDER 1 ay (Years) MOS DAYS HOURS	
" AIII LCC	6.	*/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	The state of the s	8 November 18
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUN	Decedent's Education. Specify high grade completed.	WINDWED DIVORCED	SURVIVING SPOUSE (If wife, give me
9a California	9b. USA	/ i10.e - 16	(Specify) Married	12Beverly Tibbe
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (G) Working Life, Even-if Resid	ve Kind of Work Done During Most of ed)	KIND OF BUSINESS OF INDUSTRY	
13. 7203	14a Mechan	ical Engineer	146 Aerospace	
RESIDENCE—STATE COUN	ΠY	CITY, TOWN, OF LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
15a Nevada 156Da	ouglas .	150Wellington	1543635 Granit	e Way 15e Yes
FATHER—NAME First	Middle	Last MOTHER A	IAIDEN NAME First * *	Middle Last
16. Edgar	Grav	Hu11 17.	Mattie Be	elle Wilson
INFORMANT—NAME (Type or Print)	- V	MAILING ADDRESS	(Street or R.F.D. No., City or Town	n, State, Zip)
18a Beverly Hull		16.3635 Granit	e Way, Wellington, M	Nevada 89444
BURIAL, CREMATION, REMOVAL, OTHE	A (Specify). CEMETER	Y OF CREMATORY NAME	LOCATION	City or Town State
19a. Cremation	19b, TJ-a	lton's Sierra Cre	marory scCargon	City, Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL	DIRECTOR NAME AND ADDRESS O	OF FACILITY Walton's Doug	as County Mortu
(Or Person Acting as Such)	× 5 ==	NUMBER 200 1478 4th	St., Minden, NV 89	9423
			22a. On the basis of examination and/or in at the time, date and place and due to	
T (16)	(1) n	00. m		the cause(s) and menner stated.
(Signature and Title)  DATE SIGNED (Mo., Day, Yr.)	LHOUR OF DE	ATH	S (Skyrinture and Title)  DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
NAME OF ATTENDING PHYSI			.9	22c.
21b. 2/9 NAME OF ATTENDING PHYSIC	CIAN IF OTHER THAN CERTI	racin (type of Plan)	PRONOUNCED DEAD (Mo.: Day, Yr.)	PRONOUNCED DEAD (Hour)
			22d, ON #	22e. AT
\	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DING PHYSICIAN, MEDICAL EXAMINER		LICENSE NUMBER
	<u>ler, M.D., 13</u>	74 Bridle Way, Mi		236.8912
REGISTRAR	AND	DATE RECEIVED BY	REGISTRAR (Mo., Day, Yr.) DEATH DUE TO	COMMUNICABLE DISEASE
24a. (Signature)	Y. Kaikai	NB 200 tehwar	11 10 200H 24c. YES	NOXEX.
AT MALESTAN CALLED	NLY ONE CANSE PER LÎNE P	OR(a), (b), AND (a).	1	<ul> <li>Interval between onset and</li> </ul>
25. IMMEDIATE CAUSE (ENTER ON			· · · · · · · · · · · · · · · · · · ·	:
PART (a) NUSA	wators	ariests	<u> </u>	
	Matory EQUENCE OF:	ariest		Interval between onset and
PART (a) NUSA	Matory EQUENCE OF:	prosta	te cance	Interval between onset and
PART (B) NUSA	static	prosta	te cance	
PART (a) USA DUE TO, OR AS A CONSE	static	prosta	te cance	<u> </u>
DUE TO, OR AS A CONSE	S HALLE EQUENCE OF:	prosta	ng cause given in Part 1. AUTOPSY (S)	Interval between onset and
DUE TO, OR AS A CONSE	S HALLE EQUENCE OF:	prosta to death but not resulting in the underlying	Yes	Interval between onset and of the control of the co
DUE TO, OR AS A CONSE  (b) DUE TO, OR AS A CONSE  (c) DUE TO, OR AS A CONSE  (c) PART OTHER SIGNIFICANT CONDIT	EQUENCE OF: TIONS—Conditions contributing	<u> </u>	26. No	Interval between onset and o
PART  (a)  DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  PART  OTHER SIGNIFICANT CONDIT	EQUENCE OF:  TIONS—Conditions contributing  OF INJURY (Mo., Day, Yr.) HOL	UR OF INJURY DESCRIBE HOY	Yes	Interval between onset and of coechy WAS CASE REFERRED TO CORONER (Specify Yes or N
DUE TO, OR AS A CONSE  (b) DUE TO, OR AS A CONSE  (c)  PART OTHER SIGNIFICANT CONDIT	EQUENCE OF:  FIONS—Conditions contributing  OF INJURY (Me., Day, Yr.) HOL  280.	JR OF INJURY DESCRIBE HOY M 28d.	26. NO VINJURY OCCURRED	or No.)   CORONER (Specify Yes or No.)   27.   NO.
DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  PART  OTHER SIGNIFICANT CONDIT  ACC., SUICIDE, HOM., UNDET.,  OR PENDING INVEST.  28b.	EQUENCE OF:  TIONS—Conditions contributing  OF INJURY (Mo., Day, Yr.) HOL	UR OF INJURY DESCRIBE HOW M 28d. Street Jactory office LOCATION	26. NO VINJURY OCCURRED	Interval between onset and of coechy WAS CASE REFERRED TO CORONER (Specify Yes or N

STATE REGISTRAR



01252

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 1 0 2004

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

