

OFFICIAL RECORD  
Requested By:  
RONALD HUMMER SR

APN#: 1022-15-001-053

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0907 PG- 2289 RPTT: 0.00

Recording Requested By:  
Ronald L. Hummer, SR



When Recorded Mail To:  
✓ Ronald L. Hummer, SR.  
P.O. Box 64  
Wellington, NV  
89444

Mail Tax Statements to: (deeds only)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons.

Signature Ronald L. Hummer, SR.  
Ronald L. Hummer, SR. Owner

**Affidavit Death of Joint Tenant**

This page added to provide additional information required by NRS 111.312  
(additional recording fee applies)

**AFFIDAVIT - DEATH OF JOINT TENANT**

Ronald L. Hummer, SR. of legal age, being first duly sworn, deposes and says:

That Eva Larain Hummer, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Eva L. Hummer named as one of the parties in that certain Grant, Bargain and Sale Deed dated September 28, 1987 executed by Rose Marie Conely, a widow to Ronald L. Hummer, SR. and Eva L. Hummer, husband and wife as joint tenants, recorded as instrument No. 164700, on 10/20/1987, in Book 1087, Page 2580, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

LOT 9, IN BLOCK F, AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO. 4, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON NOVEMBER 16, 1970 IN BOOK 1 OF MAPS, PAGE 224 AS DOCUMENT NO. 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 \$ \$0.00.

Dated September 12, 2007 \_\_\_\_\_

Ronald L. Hummer, SR.  
Ronald L. Hummer, SR.  
Surviving Joint Tenant

STATE OF NEVADA }SS

COUNTY OF DOUGLAS \_\_\_\_\_

This instrument was acknowledged before me on  
**SEPTEMBER 12, 2007** \_\_\_\_\_

by Ronald L. Hummer, SR. \_\_\_\_\_

  
\_\_\_\_\_  
Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2007006383  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME FIRST Eva			1b. MIDDLE Larain			1c. LAST HUMMER			2. DATE OF DEATH (Mo/Day/Year) August 26, 2007			3a. COUNTY OF DEATH Douglas			
3b. CITY, TOWN, OR LOCATION OF DEATH Wellington			3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) 3810 Pebble Dr.						3d. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)			4. SEX Female			
5. RACE - (e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE-Last birthday (Years) 81			7b. UNDER 1 YEAR MOS	7c. UNDER 1 DAY DAYS	7d. HOURS	7e. MINS	8. DATE OF BIRTH (Mo/Day/Yr) September 28, 1925		
9a. STATE OF BIRTH (if not U.S.A., name country) California			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Ronald L HUMMER SR			
13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Billing Department						14b. KIND OF BUSINESS OR INDUSTRY Medical						
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Wellington			15d. STREET AND NUMBER 3810 Pebble Dr.			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First Middle Last Suffix) Lonne W HOBSON						17. MOTHER - NAME (First Middle Last Suffix) Margarete ELSWORTH									
18a. INFORMANT - NAME (Type or Print) Ronald L HUMMER SR						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P. O. Box 64 Wellington, Nevada 89444									
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory			19c. LOCATION - City or Town State Carson City Nevada 89701									
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE 217			20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410									
TRADE CALL - NAME AND ADDRESS															
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEPHEN HEWITT DO SIGNATURE AUTHENTICATED						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) stated. (Signature & Title)									
21b. DATE SIGNED (Mo/Day/Yr) August 29, 2007			21c. HOUR OF DEATH 05:35			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH						
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)						
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Stephen Hewitt DO, 1090 3rd Street #1 South Lake Tahoe, CA 89449										23b. LICENSE NUMBER NV 1107					
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 31, 2007			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) Chronic Obstructive Airway Disease						Interval between onset and death Years									
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death									
(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										26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			28b. DATE OF INJURY (Mo/Day/Yr)			28c. HOUR OF INJURY			28d. DESCRIBE HOW INJURY OCCURRED.						
28e. INJURY AT WORK (Specify Yes or No)			28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			28g. LOCATION			STREET OR R.F.D. No.			CITY OR TOWN STATE			

STATE REGISTRAR



BK- 0907  
PG- 2292  
0709094 Page: 4 of 4 09/12/2007

164152 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:

09/31/2007  
This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

PBR/CO (REV) 11/06

STATE REGISTRAR  
SIGNATURE AUTHENTICATED

