

16-

DOC # 0753924
11/13/2009 01:46 PM Deputy: PK
OFFICIAL RECORD
Requested By:
SANDRA H HAMMOND

A.P.N. 1420-28-110-011

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

Sandra H. Hammond
1298 Santa Barbara Drive
Minden, NV 89423

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-1109 PG- 3329 RPTT: 0.00



THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

Sandra H. Hammond, of legal age, being duly sworn, deposes and says

That **Thomas Gale Hammond**, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as **Thomas G. Hammond** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **October 7, 1999**, executed by **DNS Ventures, LTD, A Nevada Limited Liability Company** to **Thomas G. Hammond and Sandra H. Hammond**, husband and wife as joint tenants, recorded as Instrument No. **479323**, on **October 22, 1999**, in Book **1099**, Page **1450**, of Official Records of **Douglas County, Nevada**, covering the following described property situated in the County of **Douglas**, State of Nevada.

Lot **114**, in Block **E**, as shown on the final Map #**98-045-3** of **Saratoga Springs Estates Unit No. III, A Planned Unit Development** recorded in the office of the county recorder of **Douglas County, Nevada** on **June 23, 1998**, in Book **698**, Page **5063**, as Document No. **442616**.



Dated: November 12, 2009

Sandra H. Hammond
Sandra H. Hammond

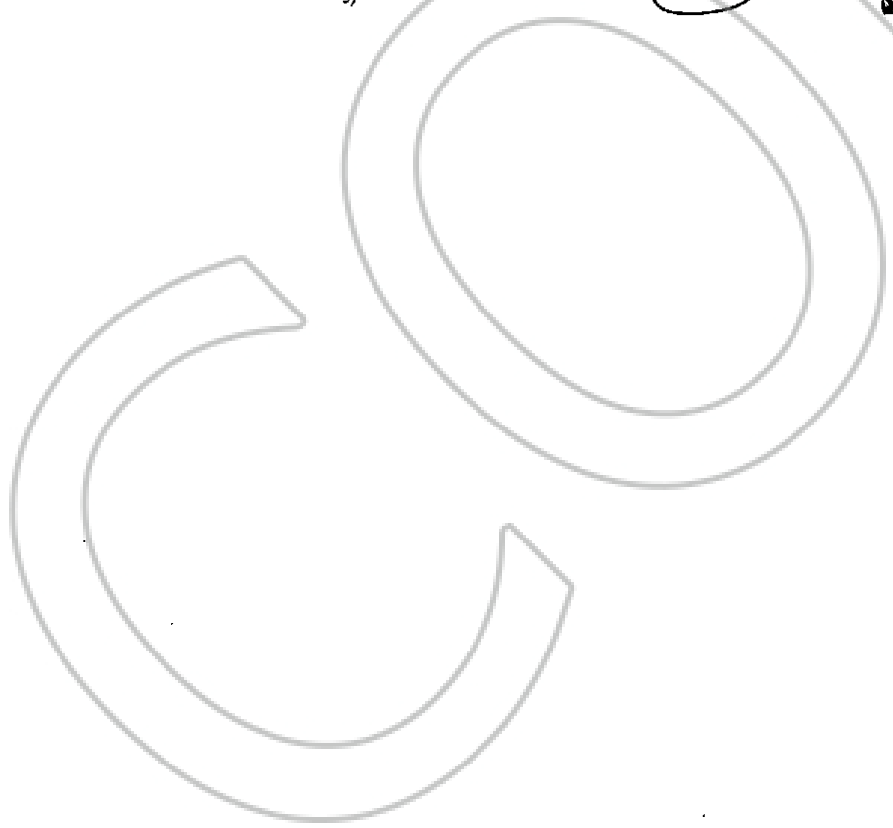
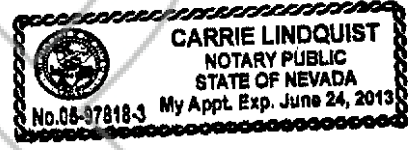
STATE OF NEVADA)
COUNTY OF Carsimady) SS.

On Nov. 12, 2009 before me, the undersigned, a Notary Public in and for said State and County, personally appeared

Sandra H. Hammond

known to me to be the person whose name is subscribed to the within instrument and acknowledge that she executed the same.

Signature [Handwritten Signature]
Notary/Public



CERTIFICATION OF VITAL RECORD

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

2009013436

STATE FILE NUMBER

1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX) Thomas Gale HAMMOND	2. DATE OF DEATH (Mo/Day/Year) September 13, 2009	3a. COUNTY OF DEATH Carson City
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City	3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Carson Tahoe Regional Medical Center	3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient
4. SEX Male	5. RACE White (Specify)	
6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 69	7b. UNDER 1 YEAR MOS: DAYS: HOURS: MINS:
7c. UNDER 1 DAY	8. DATE OF BIRTH (Mo/Day/Yr) January 31, 1940	
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) Sandra H HARDEN	
13. SOCIAL SECURITY NUMBER ██████████-3749	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Ramp Service	14b. KIND OF BUSINESS OR INDUSTRY Airlines
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden
15d. STREET AND NUMBER 1298 N. Santa Barbara Drive	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER - NAME (First Middle Last Suffix) Otis F HAMMOND		17. MOTHER - NAME (First Middle Last Suffix) Melia Luverna GILREATH
18a. INFORMANT- NAME (Type or Print) Sandra H HAMMOND		18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) 1298 N. Santa Barbara Drive Minden, Nevada 89423
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory	19c. LOCATION City or Town State Sparks Nevada 89431
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R
20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701		
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) JAGJIT MANGAT M.D. 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) September 16, 2009	21c. HOUR OF DEATH 17:51	22b. DATE SIGNED (Mo/Day/Yr)
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jagjit Mangat M.D. P.O. Box 17130 Reno, NV 89511		23b. LICENSE NUMBER 10474
24a. REGISTRAR (Signature) SUSIE DEVERE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 17, 2009
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) Pneumonia		Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(b) Lung Cancer		Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(c)		Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(d)		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) Yes		28a. ACC., SUICIDE, HOMICIDE, 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- 1109

PG- 3331

0753924 Page: 3 Of 3 11/13/2009

VRS-Rev-20090302

292065 - 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:

STATE REGISTRAR

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

PSNCO (REV) 1/06

