VERIFIED NO SOCIAL SECURITY #s HEREIN THIS DOCUMENT. WHEN RECORDED, MAIL TO: HAMMONS, m

825 Whitney Way, Gardnerville,

NV 89460

DOC # 0790671 10/06/2011 03:54 PM Deputy: PK OFFICIAL RECORD Requested By: TERRIE CERVANTES

> Douglas County - NV Karen Ellison - Recorder

ΟĒ Fee: Page: 1

15.00 PG- 1026 RPTT: 0.00



(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }	
COUNTY OF CANSON } ss.	
Mamie Sue Hammons	, of legal age, being first duly swom, deposes
and says: That Richard Hammons (Sr.)	, the decedent mentioned in the attached
certified copy of Certificate of Death, is the same person	as Richard Hammons, Sr.
named as one of the parties in that certain John Ten executed by Richard Hammons & M. H	ant Deed dated 2-11-75
executed by Richard Hammons & M. H	ammons
to KICHALU HAMMOHS & M. Hamm	au s
as joint tenants, recorded as Instrument No. 1782 14	. on Feb. 13, 1975
in Book, Page3//378, of Offici	al Records of Douglas
County, Nevada, covering the following described proper	ty situated in Douglas
County, State of Nevada: Lot 16 in Block"	D" as said lot and block
a realown on the map of fa	rcharville Ranchas Unit
No. I filed in the office of the	e County Recorder of
Douglas County, Nevada, or	April, 10,1961.
DATE Sertember 16 2011100	/ 6 2/ .
DATE: September 16 2011. Mami	e she Hammond
Mamie Sue Hamm	ions
STATE OF NEUSLOC }	
COUNTY OF CONSON } SS.	
This instrument was acknowledged before me on Sep	Lanhar 162011.
by, Mamie Sue Hammons	TOWNER, 19-111
	
A 1/1/4	DERORAH GEHR
Signature 00 4-2-2015	NOTARY PUBLIC STATE OF NEVADA

Notary Public (One Inch Margin on all sides - Document

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 REATH

I			}	CENTIFICAT	E OF DE	AIN	I/	'\				
	LOCAL FILE NUMBER	<u> </u>						STA	STATE FILE NUMBER			
TYPE OR PRINT	DECEASED—NAME First		Middle Last			DATE OF DEATH	ATE OF DEATH (Month, Day, Year) COUNTY OF DEAT					
IN PERMANENT	ντ <u>1. Richard</u>		Franklin Hammons			2 Octobe	October 19, 2003 3aDouglas					
BLACK INK	CITY, TOWN OR LOCATION OF I	DEATH	HOSPITAL OR OTHER	NSTITUTION—Name (If n	ot either, give str	eet and number)	number) If Hosp, or Inst. indicate DOA, OP/Emer, SEX					
	3h o a aaa		0- 00# **** 4.				Rm. Inpatient (Specify)					
DECEDENT	3b. Gardnerville	an Was De	3c825 .Wh1tney Way Decedent of Hispanic Origin? Specify ☐ yes 10 no if yes, AGE—Last UND!				3e. YEAR UNDER 1	DAY I DATE	4. M	ale		
	RACE—(e.g., White, Black, Americ Indian, etc.) (Specify)	specify	ity Mexican, Cuban, Puerto Rican, etc. AGE—Last Birthday (Ye				MOS DAYS HOURS MINS DATE OF BIRTH (Mo., Day, Yr.)					
	5. White	6.	^{7a.} 69			7b :	: ^{7c} : ⁸ February 7, 193					
IF DEATH OCCURRED IN	STATE OF BIRTH (if not U.S.A., name country)	TRY	IZEN OF WHAT COUN-	Decedent's Education. grade completed.			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		SURVIVING SPOUSE (If wife, give maiden name)			
INSTITUTION	^{9a.} Arkansas	9b.	b. U.S.A. 10. 9 (Specify)				Married 2Mamie Sue McCrorey					
SEE HANDBOOK REGARDING	SOCIAL SECURITY NUMBER	USU	SUAL OCCUPATION (Give Kind of Work Done During Most of KIND O				OF BUSINESS OR INDUSTRY					
COMPLETION OF RESIDENCE ITEMS	13.	1	rking Life, Even if Retired)			145 35						
1	13. 0757 RESIDENCE—STATE	COUNTY	Machinist	CITY TOWN OBLOCAS	146. Manufact							
L >					part .	SINE	ET AND NOMBER	(Specify Yes or No)				
- (> 15a. Nevada	15b. Doug	Las	15c. Gardnerv			825 Whitne		15e. Yes			
PARENTS	FATHER—NAME Flist		Middle	Lest	OTHER MAIDE	N NAME I	irst .	Middle	Last	N		
	∖ 16. Ralph	James	Hamm	ons /	Gerth	a P	earl Pl	nillios	3	1		
	INFORMANT—NAME (Type or Pris	nt)		MAILING ADDRES			F.D. No., City or Tow	n, State, Zip)	1			
	18a. Sue Hammons	£		185 005 17	h d +	Jan Can	dnerville	Morros	1. 80/60			
-	BURIAL, CREMATION, REMOVAL	OTHER (Spec	ity) CEMETERY	OR CREMATORY-NAME	nichey (way, Gar	LOCATION	City or Tow				
	19a Pario 1 / Dom			- No.	N					-		
DISPOSITION		<u>oval </u>		le Grove Cem		7H 874	1 19c Pine G	rove,	Californ	i <u>ia</u>		
	FUNERAL DIFFECTOR—SIGNATUR (Or Person Acting as Such)	1/	LICENSE NO	RECTOR NAME AND A	7% 3	F 187	•		-			
	20a. 1000/	7-1-	20t. 217	^{20c.} Fun			Hwy 395,					
ſ	Z 21a To the best of my know due to the cause(s) state	redige, death of	scurred at 170 time, date a	nd place and	2	2a. On the basis on the time, da	f examination and/or la te and place and due t	rvestigation, in to the cause(s)	my opinion death of and manner stated	ccurred		
1	Signature and Title)											
	DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH				1 8 E	DATE SIGNED (Mo		HOUR OF DEATH				
ie paleien	21a of the best of my knowledge, death decurred at the time, date and place and grace					22b		22c.				
ERTIFIER	NAME OF ATTENDING	PHYSICIAN IF	OTHER THAN CERTIFIE	R (Type or Print)		PRONOUNCED DE	AD (Mo., Day, Yr.)	PRONOUNC	ED DEAD (Hour)			
i	는 는 21d.	/ /			\ F		>					
	NAME AND ADDRESS	OF CERTIFIER	(PHYSICIAN, ATTENDI)	NG PHYSICIAN, MEDICAL	EXAMINER, OR	CORONER), (T) ray	or Print. O. C. C.	22e. AT	CENSE NUMBER			
l	20-			\ \	Α.	-	0,510	·				
	REGISTRAR Edward	R. Rose	<u>, M.D., 12</u>	00 Mountain	Street	, Carson	City, NV	1	₱ <u>5034</u>			
CONDITIONS IF ANY		1 1	11 0	DATE HEC	C	STRUM (MO., Day,	(7.) DEATH DOE TO	COMMUNICAL	SLE DISEASE			
WHICH GAVE RISE TO	24a. (Signature)	a K.	Kockom	1 240. (2)	Tales:	12 200	3 24c. YES□	мо⊡				
IMMEDIATE CAUSE	25. IMMEDIATE CAUSE (EN	TER ONLY ON	E CANSE PER LINE FOR	(a), (b), AND (c).)	1 1	, -		• Inten	val between onset a	and death		
CAUSE STATING THE UNDERLYING	PART (a)	616	70c 130	want has	Su-			:				
CAUSE LAST	DUE TO, OR AS A	CONSEQUENC	E OF:					• Inter	val between onset a	and death		
	(6)	7	CA		//			•				
7	DUE TO, OR AS A	CONSEQUENC	DE OF		7			• Interv	val between onset a	and death		
	(6)		The state of the s					:				
AUSE OF	10)	CONDITIONS	Conditions contributing to	death but not resulting in t	he underlying car	ise given in Part 1	AUTOPSY (S	pecify WAS	CASE REFERRED	TO		
DEATH.	11.	1_1	(117			g ,.	Yes .		CASE REFERRED ONER (Specify Yes	or No)		
	ACC SUICIDE HOM LINDET T	DATE OF BURG	T NO -	de munici. I neo		In Addition	^{26.} No	27. Y	es			
\ I	UH PENDING INVEST.	UATE OF INJUR	TY (Mo., Day, Yr.) HOUR	OF INJURY DESC	THIRE HOW INDE	JRY OCCURRED						
\	(Specify) 28a.	28b.	28c.	M 28d.								
\ I	(Specify Yes or No)	PLACE OF IN.	JURY-At home, farm, str building, etc. (Special	eet, factory, office LOC/	ATION	STREET OR R	F.D. No.	CITY OR TOW	N STATE			
1		28f.		28g								
_ \			/ / /					1- 2/	16127			
			STATE REG	SISTRAR			ſ	40.4	16137			
~		and the same of th										
							BK- 10	11				

0790671 Page: 2 Of

PG- 1027 10/06/2011

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: OCT 2 2 2003

State Registrar