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

VERIFIED NO SOCIAL SECURITY #s
HEREIN THIS DOCUMENT. WHEN
RECORDED, MAIL TO:
HAMMONS, m
825 Whitney Way, Gardnerville,
NV 89460
APN: 1220-15-410-047

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 2 Fee: 15.00
BK-1011 PG-1026 RPPT: 0.00



(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF Carson } ss.

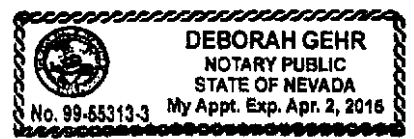
Mamie Sue Hammons, of legal age, being first duly sworn, deposes
and says: That Richard Hammons (Sr.), the decedent mentioned in the attached
certified copy of Certificate of Death, is the same person as Richard Hammons, Sr.
named as one of the parties in that certain Joint Tenant Deed dated 2-11-75
executed by Richard Hammons & M. Hammons
to Richard Hammons & M. Hammons
as joint tenants, recorded as Instrument No. 78214, on Feb. 13, 1975
in Book 275, Page 377/378, of Official Records of Douglas
County, Nevada, covering the following described property situated in Douglas
County, State of Nevada: Lot 16 in Block "O" as said lot and block
are shown on the map of Gardnerville Ranchos Unit
No. 4, filed in the office of the County Recorder of
Douglas County, Nevada, on April, 10, 1967.

DATE: September 16 2011. Mamie Sue Hammons
SIGNATURE: _____
Mamie Sue Hammons

STATE OF Nevada }
COUNTY OF Carson } ss.

This instrument was acknowledged before me on September 16, 2011,
by, Mamie Sue Hammons

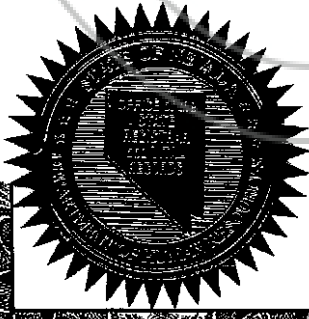
Signature [Signature] 4-2-2015
Notary Public (One Inch Margin on all sides - Document)



STATE OF NEVADA

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

	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
TYPE OR PRINT IN PERMANENT BLACK INK		1. <u>Richard Franklin Hammons</u>	2. <u>October 19, 2003</u>	3a. <u>Douglas</u>
		CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
DECEDENT		3b. <u>Gardnerville</u>	3c. <u>825 Whitney Way</u>	3e. <u>Male</u>
		RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS		5. <u>White</u>	7a. <u>69</u>	7b. <u>UNDER 1 YEAR</u> MOS : DAYS
		6. <u>Arkansas</u>	8. <u>February 7, 1934</u>	7c. <u>UNDER 1 DAY</u> HOURS : MINS
PARENTS		9a. <u>Arkansas</u>	9b. <u>U.S.A.</u>	10. <u>9</u>
		11. <u>Married</u>	12. <u>Mamie Sue McCrorey</u>	
DISPOSITION		13. <u>0757</u>	14a. <u>Machinist</u>	14b. <u>Manufacturing</u>
		15a. <u>Nevada</u>	15b. <u>Douglas</u>	15c. <u>Gardnerville</u>
CERTIFIER		16. <u>Ralph James Hammons</u>	17. <u>Gertha Pearl Phillips</u>	
		18a. <u>Sue Hammons-wife</u>	18b. <u>825 Whitney Way, Gardnerville, Nevada 89460</u>	
CAUSE OF DEATH		19a. <u>Burial/Removal</u>	19b. <u>Pine Grove Cemetery</u>	19c. <u>Pine Grove, California</u>
		20a. <u>[Signature]</u>	20b. <u>217</u>	20c. <u>Funeral Home, 1380 Hwy 395, Gardnerville, NV</u>
CAUSE OF DEATH		21a. <u>[Signature]</u>	21b. <u>10-21-03</u>	21c. <u>0800</u>
		22a. <u>Edward R. Rose, M.D., 1200 Mountain Street, Carson City, NV</u>	22b. <u>NO</u>	22c. <u>NO</u>
CAUSE OF DEATH		23a. <u>Edward R. Rose, M.D., 1200 Mountain Street, Carson City, NV</u>	23b. <u>5034</u>	
		24a. <u>[Signature]</u>	24b. <u>October 22, 2003</u>	24c. <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>
CAUSE OF DEATH		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	Interval between onset and death	
		(a) <u>Cardiac Arrhythmia</u>	Interval between onset and death	
CAUSE OF DEATH		(b) <u>CAD</u>	Interval between onset and death	
		(c) <u>HTN</u>	Interval between onset and death	
CAUSE OF DEATH		26. <u>NO</u>	27. <u>Yes</u>	
		28a. <u>DATE OF INJURY (Mo., Day, Yr.)</u>	28b. <u>HOUR OF INJURY</u>	28c. <u>DESCRIBE HOW INJURY OCCURRED</u>
CAUSE OF DEATH		28d. <u>INJURY AT WORK (Specify Yes or No)</u>	28e. <u>PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)</u>	28f. <u>LOCATION</u>
		28g. <u>STREET OR R.F.D. No.</u>	28h. <u>CITY OR TOWN</u>	28i. <u>STATE</u>



STATE REGISTRAR

No.246137



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BK- 1011
PG- 1027

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

Yvonne Sylva

Date Issued: **OCT 22 2003**

State Registrar