



A.P.N. #	1318-23-213-05
Escrow No.	10451045DK
Recording Requested By:	
Stewart Title	
When Recorded Mail To:	
Elizabeth H. Hardy	
3105 Maple Lane	
DAVIE, FL 33328	

(for recorders use only)

Affidavit - Death of Joint Tenant
 (Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

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 as required by law: NRS Chapter 440.380
 (State specific law)

Kris Thorsen
 Signature

Escrow Assistant
 Title


Kris Thorsen
 Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)



A.P.N. #	1318-23-213-001
Escrow No.	1045645DR
Recording Requested By:	
	
Mail Tax Statements To:	Same as below
When Recorded Mail To:	
Elizabeth H. Hardy	
3105 Maple Lane	
Davie, FL 33328	

AFFIDAVIT – DEATH OF JOINT TENANT

State of _____ }
County of _____ }

Elizabeth H. Hardy, of legal age, being first duly sworn, deposes and says: That John G. Hardy Jr., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as John G. Hardy named as one of the parties in that certain Grant, Bargain, Sale Deed executed by Elizabeth H. Hardy and John G. Hardy, Trustees of the Elizabeth H. Hardy Revocable Trust agreement dated 3-29-02 to Elizabeth H. Hardy & John G. Hardy wife and husband as joint tenants as joint tenants, recorded as Document No. 0562086, on December 26, 2002 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

Lot 37A, as shown on the Map of Lake Village Unit No. 2-D, filed in the Office of the County recorder on June 5, 1972, as Document No. 59803, Official Records of Douglas County, State of Nevada.
APN-1318-23-213-001

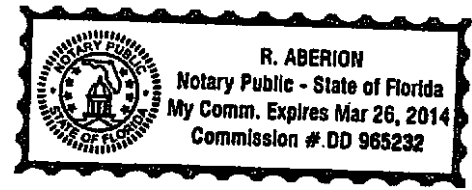
Dated: 2-9-12
Elizabeth H. Hardy TEF
Elizabeth H. Hardy

State of FLORIDA }
County of BROWARD } ss.

This instrument was acknowledged before me on 2-9-2012

By: Elizabeth H. Hardy

Signature: [Signature]
Notary Public



OFFICE of VITAL STATISTICS

CERTIFIED COPY



BK 212 PG-2158

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FLORIDA CERTIFICATE OF DEATH

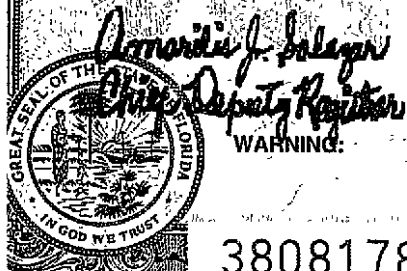
LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) John G. Hardy Jr.		2. SEX Male	
3. DATE OF BIRTH (Month, Day, Year) March 29, 1935		4a. AGE-Last Birthday (Years) 76	
4b. UNDER 1 YEAR Months Days		4c. UNDER 1 DAY Hours Minutes	
5. DATE OF DEATH (Month, Day, Year) July 21, 2011			
6. SOCIAL SECURITY NUMBER [REDACTED] 4738		7. BIRTHPLACE (City and State or Foreign Country) Knoxville, Tennessee	
8. COUNTY OF DEATH Broward			
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street address) 9713 N. New River Canal Road #301		11a. CITY, TOWN, OR LOCATION OF DEATH Plantation	
11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
12. MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) Betty Hopper	
14a. RESIDENCE - STATE Florida		14b. COUNTY Broward	
14c. CITY, TOWN, OR LOCATION Plantation		14d. APT. NO. #301	
14e. ZIP CODE 33324		14f. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life) District Manager		15b. KIND OF BUSINESS/INDUSTRY Grocery	
16. DECEDENT'S RACE (Specify the race/ances to indicate what decedent considered himself/herself to be. More than one race may be specified) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify) <input type="checkbox"/> Other (Specify)			
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Haitian <input type="checkbox"/> Other Hispanic (Specify)			
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input checked="" type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify) <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate			19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20. FATHER'S NAME (First, Middle, Last, Suffix) John G. Hardy Sr.		21. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Margaret Rebb	
22a. INFORMANT'S NAME Betty Hardy		22b. RELATIONSHIP TO DECEDENT Wife	
23a. INFORMANT'S MAILING - STATE Florida			
23b. CITY OR TOWN Plantation		23c. STREET ADDRESS 9713 North New River Canal Rd #301	
23d. ZIP CODE 33324			
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) ABCO Crematory		25a. LOCATION - STATE FL	
25b. LOCATION - CITY OR TOWN Fort Lauderdale			
26a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)			
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27a. LICENSE NUMBER (of Licensee) P046721	
27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>			
28. NAME OF FUNERAL FACILITY T.M. Ralph Plantation Funeral Home		28a. FACILITY'S MAILING - STATE Florida	
29. CITY OR TOWN Plantation		29c. STREET ADDRESS 7001 NW 4th Street	
29d. ZIP CODE 33317			
30. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.			
31a. (Signature and Title of Certifier) <i>[Signature]</i>		31b. DATE SIGNED (mm/dd/yyyy) 7/20/2011	
31c. TIME OF DEATH (24 hr.) 1736		33. MEDICAL EXAMINER'S CASE NUMBER	
34a. LICENSE NUMBER (of Certifier) ME27100		34b. CERTIFIER'S NAME Richard Sandler MD	
35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)			
36a. CERTIFIER'S - STATE Florida		36b. CITY OR TOWN Plantation	
36c. STREET ADDRESS 201 NW 70 Avenue Suite A		36d. ZIP CODE 33317	
37. SUBREGISTRAR - Signature and Date <i>[Signature]</i> July 28, 2011		38a. LOCAL REGISTRAR - Signature <i>[Signature]</i>	
38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) JUL 28 2011			

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY FUNERAL DIRECTOR

MEDICAL CERTIFIER

VOID IF ALTERED OR ERASED



THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

JUL 29 2011

38081782

CERTIFICATION OF VITAL RECORD



DH FORM 1947 (08/04)