When Recorded Return To: Indecomm Global Services 2925 Country Drive St. Paul, MN 55117 (200)

A.P.N.: 1420-28-811-003 78534570.1

RECORDING REQUESTED BY: REBECCA S HICKMAN 1378 KIM PL

**MINDEN, NV 89423** 

AFTER RECORDING RETURN TO AND MAIL TAX STATEMENTS TO: REBECCA S. HICKMAN 1378 KIM PL **MINDEN, NV 89423** 

Doc Number: 0821368

04/09/2013 12:50 PM OFFICIAL RECORDS Requested By INDECOMM HOLDINGS INC

DOUGLAS COUNTY RECORDERS Karen Ellison - Recorder

1 Of 2 Page:

Fee: \$ 15.00

Bk: 0413 Pg: 2254



## AFFIDAVIT OF DEATH

WHEREAS, I REBECCA S. HICKMAN, have known LARRY G. HICKMAN, for a great number of years. I know that LARRY G. HICKMAN, Deceased, shown in Death Certificate No.325676, attached, is one and the same person as in that certain Grant Deed, as LARRY G. HICKMAN AND REBECCA S. HICKMAN, HUSBAND AND WIFE, AS JOINT TENANTS, recorded on 10/22/1979 as Entry No.37672, in Book 1079, at Page 1107, of the DOUGLAS County Recorder's Office.

LOT 31, AS SHOWN ON THE OFFICIAL MAP OF SARATOGA HEIGHTS SUBDIVISION UNIT NO. 1, FILED IN THE OFFICE OF THE COUNTY RECORDER ON MAY 15, 1961, DOCUMENT NO. 17827, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA. Tax ID: 1420-28-811-003

Dated this 13 day of March 2013.

STATE OF NEVADA

COUNTY OF DOUGLAS )

On the 13 day of next, 2013, personally appeared before me REBECCA S. HICKMAN, the signer of the foregoing instrument, who acknowledged to me that they executed the same.

Residing at:

My Commission Expires:

CATHY L. ETHERIDGE NOTARY PUBLIC STATE OF NEVADA Commission Expires: 02-00 Certificate No: 00-61804-5

## STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

## **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		<u> </u>	STATE FILE NUM	
PE DECEASED—NAME First Middle		DATE OF DEATH (Month, Da	1 1	
N 1. Larry General		2 November 13		on City
K INK CITY, TOWN OR LOCATION OF DEATH HOSPIT	AL OR OTHER INSTITUTION—Name (If not e	ither, give street and number) If Hosp. (Rm. Inpa	flent (Specify)	SEX
	arson-Tahoe Hospital	L se. I	CU \ \	Male
DENT RACE (e.g., White, Black, American Indian, etc.) (Specify) specify Mexican,	of Hispanic Origin? Specify ☐ yesX no If yes, Cuban, Puerto Rican, etc.		UNDER 1 DAY DATE OF BIRTH	
s.White 8.			a,January	22,1950
STATE OF BIRTH CITIZEN OF	WHAT COUN Decedent's Education Sports of Completed.	icily highest MARRIED, NEVER MARRIE	D, SURVIVING SPOUSE (If s	
RDN (If not U.S.A., name country) THY SDN 9a. Ohilo 9b. U.	S.A. grade completed.	(Specify Married	<sub>12.</sub> Rebecca H	Cast
SOCIAL SECURITY NUMBER 1 USUAL OCC	CUPATION (Give Kind of Work Done During Mc	an of WIND OF BUSINESS OR	NDUSTRY	<u> </u>
ONOF 13 3272 148.	Even if Retured CPA	State Em	ployee	
RESIDENCE—STATE COUNTY	CITY TOWN, OR LOCATIO	STREET AND NU	MBER INSIDE C	TY LIMITS
15a Nevada 15b Douglas	iso Minden	1378	Kim Place 150.	Yes or No.
FATHER—NAME First // Mickel	AN NO THE CONTRACTOR TO THE	HER MAIDEN NAME	Middle	Last
NTS 16. Devere	Hickman	Hattle	Roc	op 🖺
INFORMANT—NAME (Type or Print) In [ ] =	MAILING ADDRESS	(Street or R.F.D. No.,	City or Town, State, Zip)	
188 Rebecca Hickman-	1378 K	m Place, Minden, N	levada 89423	
BURIAL, CREMATION, REMOVAL OTHER (Specify) H	CEMETERY OR CREMATORY-NAME	TLÖÇÂTI	ON N By City or Town	State
19a Cremation /	Walton's Sierra	Crematory Win C	arson City, Neva	ada a
TION FUNEPAL DIRECTOR—SIGNA WAE	FUNERAL DIRECTOR I NAME AND ADD	PRESS OF FACILITY Malt and		
(OAPerson Acting as Such)	THE TOURS IN THE PROPERTY AND ASSESSED.		8:€1 .	
	t the flow date and plant and 3	4th St., Minden, N	on and/or investigation, in my opinion of and due to the cause(s) and manner	leath occurred
due to the cause(s) state()		at the time, date and place	e and due to the cause(s) and manner	stated.
(Signatule and Title)  DATE SIGNED (Mo., Day Yr.)	ROUR OF DEATH COME AND L	(Signature and Title)	## HOUR OF DEATH	
1 50	2ic. 14:54	"三世"	## 22c.	=
IER SE NAME OF ATTENDING PHYSICIALIS OTHER	21c. 14 J4 (Mar)	PRONOUNCED DEAD (Mo., D		lour)
	20		<i>ty</i>	,
NAME AND ADDRESS OF CERTIFIER (PHYS	ICIAN ATTENDING PHYSICIAN-MEDICAL E	AMINER OF CORONER) (Tops of Print)	// 22e. AT LICENSE NUM	IRFR .
し 私した 「し」 ンツ	Dionitio	Fisilethan e		90
23a. PREGISTRAR	DATE RECEIN	/ED BY REGISTRAR (Mo., Day, Yr.) DEATI	H DIJE TO COMMUNICABLE DISEAS	<u> </u>
Ms // // / / / /	トノベン・ハー・ド・デート・ロー 「ヤー・アクリー・コ			_
AVE 24a. (Signature) 25. IMMEDIATE/CAUSE IENTER ONLY ONE CAUS		enter 17,2005 24	YES NOTE  Interval between	onset and death
THE ACOUNT ACC		a la de al		•
ING PART (a) THOUSE OF AS A CONSCILENCE OF	is / County	mane dear	• Interval between	onset and death
1 Colour Ch	Wilmyspath			· ·
(b) SCHEME CA	was property	·/	• Interval between	onest and death
	Equal & Tolk and	X	•	Court of the territory
OF (c) 7.00 MM AV	ruy afferi	underlying cause given in Part 1. AUTOPS	Y (Specify   WAS CASE REFE	BRED TO
PART OTHER SIGNIFICANT CONDITIONS—Condition	ons contributing to death but not resulting in the	. / I	Yes or No.   CORONER (Speci	ify Yes or No}
400 CUROUPE 1011	- I I I I I I I I I I I I I I I I I I I		lo 27. Ye	es
OR PENDING INVEST.	Day, Yr.) HOUR OF INJURY DESCR	IBE HOW INJURY OCCURRED		
(Specify) 28a. 28b.	28c. M 28d.		-	
INJURY AT WORK PLACE OF INJURY— (Specify Yes or No) PLACE OF INJURY—	At home, farm, street, factory, office LOCATI	ON STREET OR R.F.D. No.	CITY OR TOWN ST	ATE
286. 28f.	28g.			
			No TATA	76
ST	ATE REGISTRAR	,	No. 3256	0/0



090740

**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.

NOV 1 7 2005

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

