

APN#: 1022-15-001-022

Recording Requested By:
eTRCo, LLC.

When Recorded Mail To:
Patricia Hawkins
1189 Kimmerling Road
Gardnerville, NV 89460

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

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. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature



Print name

Title

M. Kelsh

Escrow Officer

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)



AFFIDAVIT - DEATH OF JOINT TENANT

Patricia J. Hawkins, of legal age, being first duly sworn, deposes and says:

That Lee Martin Hawkins, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Lee Hawkins named as one of the parties in that certain Grant Bargain Sale Deed dated 3-29-1977 executed by Lee Hawkins, to Lee Hawkins and Patricia J. Hawkins, husband and wife as joint tenants, recorded as instrument No. 66335, on 3/29/82 in Book 382, Page 1954 of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 10 in Block B as shown on the map of TOPAZ RANCH ESTATES UNIT NO.4, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book 1 of Maps, as Document No. 50212.

Dated 9-20-13

Patricia J. Hawkins
Surviving Joint Tenant
Patricia J. Hawkins

STATE OF NEVADA }SS

COUNTY OF Douglas _____

This instrument was acknowledged before me on 9-20-13

by Patricia J. Hawkins _____.

Mary Kelsh
Notary Public



CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS**

CERTIFICATE OF DEATH

2013009618
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lee Martin HAWKINS			2. DATE OF DEATH (Mo/Day/Year) May 29, 2013		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Gardnerville Health and Rehabilitation		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) 94	7b. UNDER 1 YEAR MOS	7c. UNDER 1 DAY DAYS	8. DATE OF BIRTH (Mo/Day/Yr) May 04, 1919
9a. STATE OF BIRTH (if not U.S.A., name country) Ohio		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) Patricia Jean PROBASCO
13. SOCIAL SECURITY NUMBER ██████████-7580		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even If Retired) Carpenter		14b. KIND OF BUSINESS OR INDUSTRY Building		Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Wellington		15d. STREET AND NUMBER 3962 Walker View Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) William HAWKINS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ida SHUSTER			
18a. INFORMANT - NAME (Type or Print) Sandra Probasco WAIBEL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 231 Fifth Avenue Pelham, New York 10803				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION - City or Town State Carson City Nevada 89701		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JUDITH KIMPTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 677	20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509			
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) JORGE SANTIBANEZ 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) June 11, 2013		21c. HOUR OF DEATH 10:20	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jorge Santibanez M.D. 1600 Medical Parkway Carson City, NV 89703					23b. LICENSE NUMBER 13739	
24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 13, 2013	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).)					Interval between onset and death	
PART I (a) Respiratory Failure					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(b) Unknown Etiology					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 1.					26. AUTOPSY TO CORONER (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
28a. ACC., SUICIDE, HOM., 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 913
PG-5294

831087 Page: 3 of 3 09/23/2013

VRS-Rev-20120523a

488156

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:

06/20/2013

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

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

