



KAREN ELLISON, RECORDER

APN# 1420-07-310-001; 1420-07-310-02;
1420-07-310-003

Recording Requested by/Mail to:

Name: Scott J. Heaton, Esq.

Address: P.O. Box 605

City/State/Zip: Carson City, NV 89702

Mail Tax Statements to:

Name: W. A. Joe Weaver

Address: 5500 Goni Road

City/State/Zip: Carson City, NV 89706

AFFIDAVIT - DEATH OF TRUSTEE

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death - NRS 440.380(1)(A) & NRS 40.525(5)

Judgment - NRS 17.150(4)

Military Discharge - NRS 419.020(2)

Scott J. Heaton

Signature

Scott J. Heaton

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

A.P.N. 1420-07-310-001
1420-07-310-002
1420-07-310-003

When Recorded Return to:
Scott J. Heaton, Esq.
P.O. Box 605
Carson City, NV 89702

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)
) ss.
CARSON CITY)

W.A. JOE WEAVER, Successor Trustee of the R. BRADFORD HAWKINS 2007 TRUST, of legal age, being duly sworn, deposes and says:

That R. BRADFORD HAWKINS, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as R. BRADFORD HAWKINS, Trustee of the R. BRADFORD HAWKINS 2007 TRUST named as one of the parties in that certain Quitclaim Deed dated November 21, 2007 executed by ROBERT BRADFORD HAWKINS, a single man, to R. BRADFORD HAWKINS as Trustee of the R. BRADFORD HAWKINS 2007 TRUST, recorded as Document Number 0713726 on November 27, 2007 of Official Records of Douglas County, Nevada, covering the following described property:

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2015014163
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Robert Bradford HAWKINS		2. DATE OF DEATH (Mo/Day/Year) August 11, 2015		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION: Name (if not either, give street and city) 5500 Goni Road		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 59		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 23, 1956		9a. STATE OF BIRTH (If not U.S.A.) Oregon		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify Never Married)		12. SURVIVING SPOUSE (Maiden name)	
13. SOCIAL SECURITY NUMBER ██████████-3343		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Real Estate Agent		Real Estate		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 5500 Goni Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Charles Edward HAWKINS			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Cora Lee EVERAGE		
18a. INFORMANT- NAME (Type or Print) Connie WIENCECK		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 8788 Britt Court San Diego, California 91923			
19a. BURIAL: CREMATION; REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED SOWJANYA REGANTI, M.D., MD		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) August 17, 2015		21c. HOUR OF DEATH 18:06	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)	
		22c. HOUR OF DEATH	
		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) SOWJANYA REGANTI, M.D., MD 236 W. 6th Street Reno, NV 89503			23b. LICENSE NUMBER NV12627
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 20, 2015	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).) PART I (a) Metastatic Duodenal Cancer			Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death
(d) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I			26. AUTOPSY (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
28a. 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

3947023

592801 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: 8/20/2015

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

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

