

RECORDED AT THE REQUEST OF:
Sullivan Law
1625 State Route 88, Ste. 401
Minden, NV 89423



KAREN ELLISON, RECORDER

Mail Tax Bills To:
Same

THIS DOCUMENT CONTAINS A
SOCIAL SECURITY NUMBER
AS PERMITTED BY NRS 440.380

AFFIDAVIT OF DEATH OF JOINT TENANT

APN: 1220-21-610-027

RAYMOND NILS HANSON, being first duly sworn, deposes and says:

1. CARMELA GRACE HANSON died on March 21, 2016, and a certified copy of her Death Certificate is attached hereto.

2. That at the date of death, the said CARMELA GRACE HANSON was an owner in joint tenancy with the Affiant of certain real property located in Douglas County, State of Nevada, described as follows:

LOT 337, AS SHOWN ON THE OFFICIAL MAP OF GARDNERVILLE RANCHOS UNIT NO.6, FILED FOR RECORD ON MAY 29, 1973, IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA AS DOCUMENT NO. 66512, AND ON RECORD OF SURVEY RECORDED OCTOBER 1, 1982, IN BOOK 1082, OF OFFICIAL RECORDS AT PAGE 006, AS DOCUMENT NO. 71399.

3. That said joint tenancy was created by a Deed dated October 15, 1996 recorded as document number 0687295 in the Douglas County Recorder's Office.

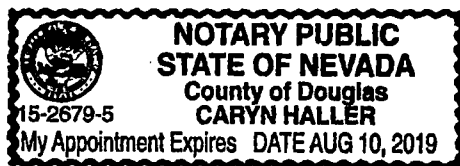
4. That upon the death of CARMELA GRACE HANSON, the Affiant became the sole owner of the above-described property as her sole and separate property.

Raymond Nils Hanson
RAYMOND NILS HANSON

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to before me this 8th day of April, 2016.

Caryn Haller
Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3885265

CERTIFICATE OF DEATH

2016005262

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) Carmela Grace HANSON		2. DATE OF DEATH (Mo/Day/Year) March 21, 2016		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 Inpatient(Specify) Carson Tahoe Regional Medical Center Inpatient		4. SEX Female	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 84	
9a. STATE OF BIRTH (If not US/CA, name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Raymond HANSON		8. DATE OF BIRTH (Mo/Day/Yr) July 03, 1931	
13. SOCIAL SECURITY NUMBER ██████████3768		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Administrative Assistant		14b. KIND OF BUSINESS OR INDUSTRY State Of Nevada	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 738 Robin Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Giuseppe CALDERONE	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary ANTONACCIO		18a. INFORMANT- NAME (Type or Print) Keith HANSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 14485 Rios Canyon Road El Cajon, California 92021	
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) TAMAR R ROBINSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 870		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) ROY H SEXTON SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) March 25, 2016		21c. HOUR OF DEATH 13:00		22a. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo/Day/Yr)		22c. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Roy H Sexton 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 14938	
24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 25, 2016		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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Failure To Thrive DUE TO, OR AS A CONSEQUENCE OF: (c) Renal Cell Carcinoma With Metastasis To The Lungs, Abdomen And Bones DUE TO, OR AS A CONSEQUENCE OF: (d) Unknown Etiology				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 (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

VRS-Rev-20120523a

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CERTIFIED COPY OF VITAL RECORDS

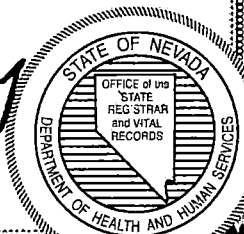
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **APR 15 2016**

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

STATE REGISTRAR

Cody Phinney



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE