

APN: 1420-08-212-001



KAREN ELLISON, RECORDER

The undersigned affirms that the exhibit to this document is a Nevada Death Certificate and contains a social security number (NRS 111.312).

When recorded mail to and Mail tax statement to:

Nancy Hayden  
1022 Haystack Drive  
Carson City, NV 89705

**AFFIDAVIT OF NANCY HAYDEN TERMINATING JOINT TENANCY**

STATE OF NEVADA )  
 : ss.  
COUNTY OF WASHOE)

NANCY HAYDEN, does hereby swear under penalty of perjury that the assertions of this affidavit are true, and declares the following:

- 1. NANCY HAYDEN is the surviving spouse of OLIVER HAYDEN, deceased.
- 2. OLIVER HAYDEN died in Carson City, Nevada on December 17, 2016. A certified copy of the Death Certificate of OLIVER HAYDEN is attached to this Affidavit marked Exhibit "A".

3. On May 31, 2001, the undersigned and OLIVER HAYDEN acquired title as joint tenants to a parcel of real property situated in Douglas County, Nevada, by Deed recorded as Document No.0515537, of the Official Records of Douglas County, Nevada. The legal description of the real property situated in the unincorporated area of Douglas County is as follows:

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**Lot 2, in Block I, as shown on the Amended map of SUNRIDGE HEIGHTS, PHASE 5B, A Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on February 22, 1995, and Book 295, Page 3219, Document No. 356642.**

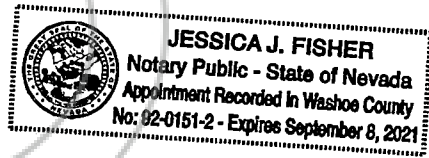
4. At the time of the death of OLIVER HAYDEN, title to the real property described in paragraph 3, above continued to be held by NANCY HAYDEN and OLIVER HAYDEN, as joint tenants. As a result of the death of OLIVER HAYDEN and the joint tenancy form of title, the real property described in paragraph 3 above is now owned solely by NANCY HAYDEN.

DATED THIS 3 day of May, 2018.

Nancy Hayden  
NANCY HAYDEN

Signed and sworn to before me this 3<sup>rd</sup> day of May, 2018.

Jessica J. Fisher  
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. 3930879

**CERTIFICATE OF DEATH**

2016022897  
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) <b>Oliver Wendell HAYDEN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 17, 2016</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>89</b>		7b. UNDER 1 YEAR <b>MOS - DAYS</b>		7c. UNDER 1 DAY <b>HOURS   MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>November 18, 1927</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Pennsylvania</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Nancy O LANDESS</b>	
13. SOCIAL SECURITY NUMBER <b>5671</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Sales / Management</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Broadcasting</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>1022 Haystack Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Hallie HAYDEN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Leta COOLEY</b>		
18a. INFORMANT- NAME (Type or Print) <b>Nancy O HAYDEN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1022 Haystack Drive Carson City, Nevada 89705</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>La Paloma Reno</b>		19c. LOCATION City or Town State <b>Reno Nevada</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as such) <b>LYLE MEYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>854</b>		20c. NAME AND ADDRESS OF FACILITY <b>Nevada Funeral Services</b> <b>3094 Research Way #83 Carson City NV 89708</b>	
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) <b>ROY H SEXTON</b> 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) <b>December 19, 2016</b>		21c. HOUR OF DEATH <b>14:10</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Roy H Sexton 1600 Medical Parkway Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>14938</b>	
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 20, 2016</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I					
(a) <b>Cardiopulmonary Arrest</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Respiratory Failure</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Aspiration Pneumonia</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) <b>Gastrointestinal Hemorrhage</b> 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. <b>Diverticular Bleed; Unknown Etiology</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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



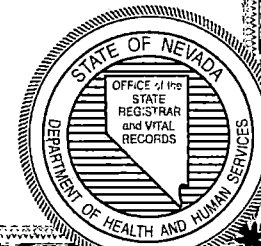
CERTIFIED COPY OF VITAL RECORDS

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: **12/28/2016**

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

*Cody D. Hines*  
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE