WHEN RECORDED MAIL TO:

Calvin A. Hobson 3439 Basalt Dr. Carson City, NV 89705

MAIL TAX STATEMENTS TO:

Same as above

The undersigned hereby affirms that this document submitted for recording includes a death certificate which may contain a social security number as required by NRS 440.380(1)(a).

DOUGLAS COUNTY, NV

2022-989272

Rec:\$40.00

\$40.00 Pgs=3

09/08/2022 11:25 AM

TICOR TITLE - CC (NVTH3K)

KAREN ELLISON, RECORDER

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 2200772-DKD APN No.: 1420-07-411-009

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA COUNTY OF CARSON CITY

} ss:

Day R. Williams, ESQ, of legal age and competent, to be a witness as to the matters stated herein, being duly

sworn, deposes and says

That Elizabeth Rehban Hobson the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Elizabeth B. Hobson named as one of the Grantees in that certain Deed from Stewart Title of Carson City, a Nevada Corporation, successor in interest to Cavin A. Hobson, a married man and Elizabeth B. Hobson, a widow recorded in Book 0599, Page No. 2784 as Instrument No. 0468052, on May 14, 1999 of Official Records of Douglas County, Nevada, covering the following described property.

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF

Dated: 9-8-22

Day R. Williams, ESQ

STATE OF NEVADA COUNTY OF CARSON CITY

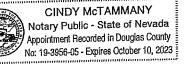
ss:

This instrument was acknowledged before me on _

September 8th, 2022

by Day R. Willows

County All Sunnary





DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

~=	P 15	-	MA	38790	. 4 4
 	PII	_	MIJ.	J0/30	- 14

CERTIFICATE OF DEATH

2016002436

	•						SIAIEFILENC						
TYPE OR	II. DECEASED-NAME (FIRST.MII	DDLE,LAST,SUFFIX)	. Z. DATE OF DEATH (Mo/DayYyear) - 3a, COUNTY OF DEATH										
Promiting	Elizabeth Rehban		February 11, 2016 Carson City										
BLACK INK	ENZADANI NENDAN	NE DEATH 130 HOSPITAL	HOBSON H 3a. HOSPITAL OR OTHER INSTITUTION -Name(II not either, give										
ľ					(Indatient(Specify)								
ECEDENT	Carson City		Carson Tahoe Regional Medical Cer			Inpalient Fe Say7b, UNDER 1 YEAR 7c, UNDER 1 DAY 8. DATE OF BIRTH (Mo/D)							
	S. RACE White		panic Origin? Specify	(Years)	MOS I	DAYS HOURS	MINS I						
	(Specify)	l T	No - Non-Hispanic (Years)			The second second		March 29, 1923					
IF DEATH	Se. STATE OF BIRTH (If not US/C	SE CITIZEN OF WAY	AT COUNTRY 10.EDUC	ATION 11. MARITAL S	TATUS (Specify)	12, SURVIVING SPOU	SE'S NAME (Last na	me prior to that mantage)					
	name country) lowa	United St			Widowed.								
HANDBOOK I	13. SOCIAL SECURITY NUMBER		14s. USUAL OCCUPATION (Give Kind of Work Done Due					Ever in US Armed Forces? No					
OMPLETION OF	5433					Gaming							
RESIDENCE ITEMS		b. COUNTY				N 15d. STREET AND NUMBER 15e. INSIDE CITY LIMITS (Specify You							
						3437 Basalt Dr Or No. Yes							
\longrightarrow	Nevada	Douglas	Indian i			Italie esta Media I	and Staffer\	<u> </u>					
OADELITE	16. FATHERIPARENT - NAME (F	rst Middle Law Suffix)		17, МОТН	ERPARENT - I	NAME (First Middle L							
PARENTS	Arl	hur Howard BLACI		Ethel Pauline	BIENS								
-	18a. INFORMANT- NAME (Type o	r Print)											
		HOBSON .	16	3439 Basait Dr. Carson City, Nevada 89705									
	19a BURIAL, CREMATION, REM	OVAL, OTHER (Specify) 19	b, CEMETERY OR CRE	MATORY - NAME			ATION , City of						
SPOSITION	Crematio		Fit	zhenry's Crema	lory		Carson City I	Nevada 89701					
	208. FUNERAL DIRECTOR - SIGI	NATURE (Or Person Ading	as Such) 20b. FUNE	RAL DIRECTOF 200	NAME AND A	DDRESS OF FACILITY							
		ROBINSON	LICENSE N	UMBER	1	Fitzhenrys F	uneral Home	8					
		RE AUTHENTICATED	.	870		3945 Fairview Dr C	arson City N	V , 89701					
ADE:CALL	TRADE CALL - NAME AND ADDR				/								
RADE CALL	Y Of a Yeath a head of must be on	wledge, death occurred at th	e lime, date and place ar	d due 22a (On the basis of ex	emination end/or invostig	ation, in myopinic	n death occurred					
		nature & Title) SIGH	ATURE AUTHENTIC	ATED 2 a the	time, date and pla	ace and the line cause	s) stated (Signal	ure & Title)					
	lē? T∩:	KAMEH ENTEZAR		TED SE a pa			1						
CERTIFIER	21b. DATE SIGNED (MOVE		JR OF DEATH	E 5 226.	DATE SIGNED	(Mo/Day/Yr)	22a. HOUR (JF VEATH					
	중불 February 16, 2016 04:55				S 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED DEAD AT (Hour)								
	21d. NAME OF ATTENDI	IG PHYSICIAN IF OTHER T	SICIAN IF OTHER THAN CERTIFIER			D DEAD (Mo/Day/Yr)	220. PRONO	220. PRONOUNCED DEXO XI (Float)					
	「と鬼(IAbe ot huuf) ■	/	3	F.									
	230, NAME AND ADDRESS OF CERTIFIER IPHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print) 23b, LICENSE NUMBER												
		Tokameh Enteza	rl M.D. 1155 Mill	D. 1155 Mill St Reno, NV 895		02		12746 TH DUE TO COMMUNICABLE DISEASE					
DEC.OTD 4 D	24s, REGISTRAR (Signsture)	VERALYNN A				., 1	-						
REGISTRAR	1	SIGNATURE AUTH	ENTICATED	(Mo/Day/Yr)	February 1	7, 2016	YES						
	25, IMMEDIATE CAUSE	(ENTER ONLY ONE CAUS	SEPER UNE FOR (a), (), AND (c).)	·		; Interv	al between onset and death					
CAUSE OF	PARTI Cardiooul	monary Arrest					1						
DEATH							Interv	al between enset and death					
	DUE TO, OR AS A CONSEQUENCE OF: (b) Acute On Chronic Hypoxic Respiratory Failure												
CONDITIONS IF	(6) Acute On	Cilionic Hypoxic	/ Nespilatory i	and G				al between onset and death					
GAVE RISE TO	DUE TO, OR A	S A CONSEQUENCE OF:			, Himit	St Docked to last and goes.							
CALLED Y		(idney Disease S	rage a				<u> </u>	el between onset and death					
STATING THE UNDERLYING	TOUE TO OR A	S A CONSEQUENCE OF:	1. 1.20		infelvet between or								
CAUSELAST	Severe Protein Calorie Malnutrition												
_ / _ /	PART II OTHER SIGNIFICANT	CONDITIONS-Conditions or	online to death bul m	ot resulting in the unc	lectying cause gi	iven in Part 1. 2	6, AUTOPSY (S	REFERRED TO CORONER					
	Dementia			-		ľ	es or No) No	(Specify Yes of No) Yes					
	Unknown Etiology	but sive as we wanted	WYA 128c HOUR C	MAINY 1284 DEC	CRIBE HOW INJU	IRY OCCURRED	140	1 163					
1 \	28a, ACC., SUICIDE, HOM., UNDET OR PENDING INVEST, (Specify)	286, DATE OF INJURY (MO/Os	lyrtin ZEC NOUR CI	- 143UKT 206. DES	MINDE NUTTING								
1 /		\		1									
\ '			Mana Jan day (Jan. office 20- 10	CATION	STREET OR R.F.D. No	. CITY OR T	OWN STATE					
\ \	280. INJURY AT WORK (Specify		nome, Iam, street, lac	tory, onice 20g. LC	NATION .	SINCE! ON N.I.D. NO	. 0.,, 0.,	÷::::					
N	Yas or No)	building, etc. (Specify)											

AKA: Elizabeth Black HOBSON

STATE REGISTRAR

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 (lugistra) and Vital Records.

<u>างกับกับกับคนหลังการตัดการตั้งกระทานถึงกับทร</u>

DATE ISSUED:

SIGNATURE AUTHE

VIE-Rev-201205220

VIE-Rev-201205220

OF NEW YORK AND THE TOTAL AND THE

This copy is not valid unless project on Engraved border displaying data, seal and signature of Registrar.

EXHIBIT A LEGAL DESCRIPTION

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

Lot 47 of RIDGEVIEW ESTATES, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 27, 1972 as Document No. 63503.

Together with an undivided 1/83rd interest in and to all the common area, shown as "Parcel A" as set forth on said subdivision.

