

122407

FILED FOR RECORDING
AT THE REQUEST OF

A.P.N.: 011-191-05
When Recorded, Mail To:

Doralee Hewitt
2004 JUN 1 AM 9 40

Doralee Hewitt
Box 633
Alamo, NV 89001

LINCOLN COUNTY RECORDER
FEE 1500 DEP TMS
LESLIE BOUCHER

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)

County of Lincoln)

Doralee Hewitt, of legal age, being first duly sworn, deposes and says:

That Peter James Hewitt, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Peter James Hewitt named as one of the parties in that certain Quitclaim Deed recorded as Instrument No. 111433 on 8/10/1998, in Book 136 Page 383 of Official Records of Lincoln County Recorder, Lincoln County, Nevada, covering the following described property situated in the said County, State of Nevada:

N1/2 SW1/4 NE1/4 Section 31, T6S, R61E

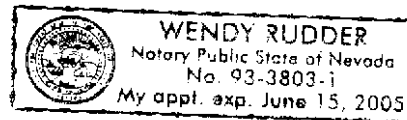
Doralee Hewitt
DORALEE HEWITT

Subscribed and Sworn to before me

this 26th day of May, 2004.

Wendy Rudder
Signature
Notary Public Commissioned for said County and State

(Seal)



004288

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Peter James HEWITT		2. May 6, 2004		3a. Clark		COUNTY OF DEATH	
3b. Las Vegas		3c. Sunrise Hospital		3e. Emergency Room		4. Male	
5. White		6. X		7a. 62		8. March 10, 1942	
9a. New York		9b. USA		10. 12		11. Married	
13. [REDACTED]		14a. Banker		14b. Banking			
15a. Nevada		15b. Lincoln		15c. Alamo		15d. PO Box 633	
16. James Peter Hewitt		17. Kathleen					
18a. Doralee Hewitt - Spouse		18b. PO Box 633, Alamo, Nevada 89001					
19a. Cremation		19b. Sunrise Cremation & Burial Society		19c. Henderson, Nevada			
20a. [Signature]		20c. 605		20c. 745 W. Sunset Rd. #5, Henderson, Nevada 89015			
21a. [Signature]		21c. 0228		22a. [Signature]		22c. [Signature]	
23a. Bina Patel, MD, 4011 McLeod, Las Vegas, Nevada		23b. 8677		24b. MAY 07 2004		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE		(a) LUNG CANCER					
PART II		CHRONIC OBSTRUCTIVE PULMONARY DISEASE		26. No		27. Yes <input checked="" type="checkbox"/>	
28a. [REDACTED]		28b. [REDACTED]		28c. M		28d. [REDACTED]	
28e. [REDACTED]		28f. [REDACTED]		28g. [REDACTED]		28h. [REDACTED]	

STATE REGISTRAR

No. 264830

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.
Registrar of Vital Statistics

By: [Signature]
Date Issued: MAY 12 2004

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 3902
Las Vegas, Nevada 89127
702-383-1223
Tax ID# 88-0151573