19031692

APN: 11-191-04

RECORDING REQUESTED BY: COW COUNTY TITLE CO.

WHEN RECORDED AND MAIL TAX BILLS TO:

761 S. Raindance Dr. Pahrump NV 89048

AT THE REPUESTIOF

COW COUNTY THE

2005 DEC 8 AM 9 52

LEGGIE BOUGHER DEP

AFFIDAVIT DEATH OF JOINT TENANT

I, the undersigned, hereby affirm that this document submitted for recording contains a social security number of a person as required by law: <u>NRS 40.525</u>

(Law).

Signature

Title

This page is added to provide information required by NRS 111.312, Sections 1-2. (Additional recording fees apply)

A.P.N. # 11-191-04 ESCROW NO. 19031692 RECORDING REQUESTED BY: COW COUNTY TITLE						
	. (\					
WHEN RECORDED MAIL TO:	\ \					
COW COUNTY TITLE 761 S RAINDANCE DR PAHRUMP NV 89048						
	(Space Above For Recorder's Use Only)					
AFFIDAVIT - DEATH OF JOINT TENANT						
STATE OF NEVADA } COUNTY OF LINCOLN }						
and says: That PETER J. HEWITT certified copy of Certificate of Death, is the same personamed as one of the parties in that certain Quitcla executed by DORALEE GORMLEY	, of legal age, being first duly sworn, deposes , the decedent mentioned in the attached n as PETER J. HEWITT im Deed dated August 10, 1998					
to PETER J. HEWITT and DORALEE D	. HEWITT, husband and wile					
as joint tenants, recorded as Instrument No. 11143 in Book 136 , Page 385 , of Office	4 , on August 17, 1998 cial Records of LINCOLN					
County, Nevada, covering the following described prop	erty situated in LINCOLN AND MADE A PART HEREOF					
	Now a set to the					
	DORALEE D. HEWITT					
STATE OF Nevada SS. COUNTY OF Clark SS.						
COUNTY OF Clark This instrument was acknowledged before me on by, DORALEE D. HEWITT	OFFICIAL SEAL C.L. FLAVION-ARNHART No: 99-5296-14 NOTARY PUBLIC, STATE OF NEVADA NYE COUNTY, NEVADA My Appointment Exp. July 9, 2007					
Signature Notary Public (One Inch Margin on all sid	des of Document for Recorder's Use Only)					

004288

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

•	LOCAL FILE NUMBER	<u>'</u>		1	STATE FILE NUMBER
OR PRINT	DECEASED-NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
IN PERMANENT BLACK INK	1. Peter	James	HEWITT INSTITUTION—Name (If not either, give st	² May 6, 2004	3a. Clark
ECEDENT	3b. Las Vegas	∞ Sunrise	Hospital	reet and number) If Hosp, or Inst. Indicates the Inst. Indicates	e DOA, OP/Emer, SEX
		Was Decedent of Hispanic Orig specify Mexican, Cuban, Puerto 5.		Years) MOS DAYS HOURS M	NS DATE OF BIRTH (Mo., Day, Yr.)
IF DEATH OCCUPRED IN	STATE OF BIATH (If not U.S.A., name country)	CITIZEN OF WHAT COUN-	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED.	8. March 10, 1942 SURVIVING SPOUSE (If wife, give maiden name)
INSTITUTION SEE HANDBOOK REGARDING	9a. New York SOCIAL SECURITY NUMBER	9h. USA	10. 12 e Kind of Wark Done During Most of	(Specify) Married	12. Doralee Douglas
COMPLETION OF RESIDENCE ITEMS	13.	Working Life, Even if Retired 14a. Banker	d)	KIND OF BUSINESS OF INDUSTRY 14b. Banking	
لحا	RESIDENCE—STATE COUN	ΤΥ	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
National Contract	FATHER-NAME First	Li ncoln Middle	15c. Alamo Last MOTHER—MAID	15d. PO Box 633	15e. Yes
ARENTS	18. James	Peter	Hewitt 17.	Kathleen	MINOCIA
	INFORMANT—NAME (Type or Print) 18a. Doralee Hewitt	- Spouse	MAILING ADDRESS	(Street or R.F.D. No., City or Town,	
	BURIAL, CREMATION, REMOVAL, OTHER	P (Specify) CEMETER	Y OR CREMATORY—NAME	Alamo, Nevada 8900	City or Town State
SPOSITION	19a. Cremation/ FUNERAZ DIRECTAL SIGNATURE	19b. Su	mrise Cremation & Buria	1 Society 19c. H	enderson, Nevada on & Burial Society
Ļ	200 1	60	омвен 200. 745 W.Suns	et Rd. #5, Henders	on & Burial Society on, Nevada 89015
- ;· [z 2/3. To the dest of my knowledge, of the caused's stated.	leath of curred at the time, date	2 M A AAA	22a. On the basis of examination and/or inve at the time, date and place and due to	estigation, in my opinion death occurred the cause(s) and manner stated.
	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DE	TH BE	(Signature and Title) DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
ERTIFIER	(Stinature on Tible) DATE SIGNED (Mo., Day, Yr.) ONL ONL ONL NAME OF ATTENDING PHYSI 150 216.				22c.
* .			P.O.		PRONOUNCED DEAD (Hour)
			PING PHYSICIAN, MEDICAL EXAMINER, O	R CORONER), (Type or Print.)	LICENSE NUMBER
ONDITIONS IF ANY	REGISTRAR AD	1, IID, 4011 MG	Leod, Las Vegas, 1	ISTRAH (Mo., Day, Yr.) DEATH DUE TO CO	23b. SQ 1 ,
IF ANY HICH GAVE RISE TO MMEDIATE	24a. (Signature) 25. IMMEDIATE CAUSE JENTER ON	ILY ONE CAUSE PER LINE FO	_ n_ 140V /	0 7 2004 24c. YES []	NONE
CAUSE TATING THE NDERLYING	1	CANCER	11 (4), (4), (4)	. / /	Interval between onset and death
AUSE LAST	DUE TO, OR AS A CONSE	QUENCE OF;		$\overline{}$	Interval between onset and death
	DUE TO, OR AS A CONSE	QUENCE OF:			Interval between onset and death
AUSE OF	(c)				*
DEATH	CHRONIC	OR COLLICION	o death but not resulting in the underlying of	DULARI	No) CORONER (Specify Yes by No)
	(Specify)	DE INJURY (Mo., Day, Yr.) HOUR		JURY OCCURRED NO	27. Yes C
	28a. 28h.	OF INJURY—At home, tarm, s	M 28d.	STREET OF R.F.D. No. CIT	Y OR TOWN STATE]
٠, ١	28e. 28l.	building, etc. (Spe	28g.		SAME I
•	_ \	CTATE DC	Charpan	· N	0 26/830

"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 RAISED SEAL OF THE CLARK COUNTY DISTRICT

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

Date Is 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

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EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 19031692

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

The North Half (N1/2) of the Southwest Quarter (SW1/4) of the Northeast Quarter (NE1/4) in Section 31, Township 6 South, Range 61 East, M.D.B.&M.

EXCEPTING a 100 foot access easement along the Easternmost portion.

ASSESSOR'S PARCEL NUMBER FOR 2005 - 2006: 11-191-04