

APN: 002-101-03

When recorded mail to:  
CAROL J. HANSEN  
P.O. Box 83  
Panaca, Nevada 89042



AFFIDAVIT  
OF DEATH OF JOINT TENANT

State of Nevada )  
 )ss  
County of Lincoln )

Carol J. Hansen hereby swears under penalty of perjury, that the following assertions are true of her own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. I am Carol Jeane Hansen, the same person named as Carol Jeane Hansen, one of the grantees as joint tenant with right of survivorship named in that certain Deed recorded as Document number 92679 in Book 88 Pages 69 & 70 of the Official Records, in the Office of the County Recorder of Lincoln County, State of Nevada.

3. The real property, which is the subject of the above-entitled Deed, is located in the County of Lincoln, State of Nevada, and is known as 213 North Sixth Street, Panaca, Lincoln County, Nevada, and is more specifically described as follows:

All of Lot 4 in Sun Gold Manor Unit No. 1, of said Panaca Town, as said lot is shown on the official plat of said subdivision now on file and of record in the office of the County Recorder of said Lincoln County, and to which plat and the records thereof is hereby made for further particular description.

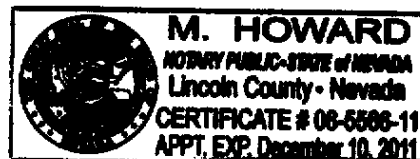
4. Sharon Marie Hansen, also one of the grantees named in said Deed, is the identical Sharon Marie Hansen, named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof. I am Sharon Marie Hansen's sister.

5. As recited in the above-described Certificate of Death, Sharon Marie Hansen died on November 28, 2003, Scottsdale, Maricopa County, Arizona.

*Carol J. Hansen*  
CAROL J. HANSEN

SUBSCRIBED and SWORN to before me  
This 2<sup>nd</sup> day of September, 2008.

*M. Howard*  
\_\_\_\_\_  
NOTARY PUBLIC



# STATE OF ARIZONA

ORIGINAL  
STATE  
COPY

STATE OF ARIZONA  
 DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
**CERTIFICATE OF DEATH**

DEATH NO. **2003 - 036970**  
 D 102-

1. NAME OF DECEASED A. FIRST: <b>SHARON</b> B. MIDDLE: <b>MARIE</b> C. LAST: <b>HANSEN</b>			2. SEX: <b>FEMALE</b>	3. DATE OF DEATH MONTH: <b>NOVEMBER</b> DAY: <b>28</b> YEAR: <b>2003</b>				
4. RACE (e.g., white, black, American Indian, (specify tribe) etc.) <b>White</b>		5. WAS DECEDENT OF HISPANIC ORIGIN? (SPECIFY YES OR NO) <b>No</b>		6. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.		7. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) <b>No</b>		
8. PLACE OF DEATH A. COUNTY: <b>MARICOPA</b> B. TOWN OR CITY: <b>SCOTTSDALE</b>		9. C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) <b>16639 NORTH 60TH PLACE</b>			10. D. <input type="checkbox"/> DOA <input type="checkbox"/> OP EMER <input type="checkbox"/> IN RESIDENT			
11. DATE OF BIRTH MONTH: <b>December</b> DAY: <b>8</b> YEAR: <b>1956</b>		12. AGE (YEARS LAST BIRTHDAY): <b>46</b>	13. IF UNDER 1 YEAR MOS. DAYS	14. IF UNDER 1 DAY HRS. MIN.	15. MARRIED NEVER MARRIED WIDOWED, DIVORCED (SPECIFY): <b>Never Married</b>			
16. DATE AND CITY OF BIRTH (If not in USA, name country): <b>Caliente, Nevada</b>		17. CITIZEN OF WHAT COUNTRY? SPECIFY: <b>U.S.A.</b>		18. SOCIAL SECURITY NO. [REDACTED]		19. USUAL OCCUPATION (Give kind of work done most of working life, even if retired): <b>Disabled</b>		
20. KIND OF BUSINESS OR INDUSTRY: <b>Disabled</b>		21. USUAL RESIDENCE A. STATE: <b>Nevada</b> B. COUNTY: <b>Lincoln</b> C. TOWN OR CITY: <b>Panaca</b>		22. ZIP CODE: <b>89042</b>	23. HOW LONG IN ARIZONA: <b>6 Days</b>			
24. STREET ADDRESS OF R.F.D.: <b>270 North 6th Street</b>		25. INSIDE CITY LIMITS? (SPECIFY Yes or No): <b>Yes</b>	26. ON RESERVATION (SPECIFY Yes or No): <b>No</b>	27. PREVIOUS STATE OF RESIDENCE		28. EDUCATION HIGHEST GRADE COMPLETED A. <b>8</b> B. <b>COLLEGE (1-4 or 5+)</b>		
29. FATHER'S NAME A. FIRST: <b>Lloyd</b> B. MIDDLE: <b>Charles</b> C. LAST: <b>Hansen</b>		30. MOTHER'S MAIDEN NAME A. FIRST: <b>Donna</b> B. MIDDLE: <b>Jeane</b> C. LAST: <b>Heaps</b>		31. INFORMANT'S SIGNATURE <b>Carol Hansen</b>				
32. RELATIONSHIP TO DECEASED: <b>Sister</b>		33. ADDRESS STREET NO.: <b>270 N. 6th Street</b> CITY AND STATE: <b>Panaca, Nevada</b> ZIP CODE: <b>89042</b>		34. BURIAL CREMATION REMOVAL, OTHER (Specify): <b>Removal/Burial</b>				
35. DATE: <b>12/1/2003</b>		36. CEMETERY OR CREMATORIUM - NAME/LOCATION: <b>Panaca Cemetery, Panaca, Nevada</b>		37. ZIP CODE: <b>89042</b>				
38. FUNERAL HOME NAME: <b>Hansen Mortuary</b>		39. STREET ADDRESS: <b>3714 N. 7th St.</b>		40. CITY AND STATE: <b>Phoenix, Arizona</b>				
41. FUNERAL DIRECTOR'S SIGNATURE: <b>Joseph H. Livingston</b>		42. GEBT. NO.: <b>1039</b>		43. GEBT. NO.: <b>901</b>				
44. SIGNATURE AND TITLE: <b>Mark H. Furber</b>		45. DATE SIGNED (Mo., Day, Year): <b>NOVEMBER 29, 2003</b>		46. HOUR OF DEATH: <b>ONE</b>				
47. NAME OF ATTENDING PHYSICIAN (If other than certifier):		48. DATE SIGNED (Mo., Day, Year): <b>NOVEMBER 28, 2003</b>		49. HOUR OF DEATH: <b>1501</b>				
50. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or Print): <b>MARK A. FISCIONE, MD, 701 N. JEFFERSON ST., PHOENIX, AZ 85007</b>			51. AUTHORIZED FOR CREMATION (Specify Yes or No): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		52. MEDICAL EXAMINER'S SIGNATURE			
53. DATE REGISTERED: <b>DEC 02 2003</b>		54. REG. FILE NO.: <b>23196</b>		55. REGISTRAR'S SIGNATURE: <b>Billie D. Scott</b>		56. DATE RECD. IN STATE OFFICE		
57. PART I. SEQUENTIAL LIST OF CONDITIONS LEADING TO IMMEDIATE CAUSE, UNDERLYING CAUSE (DISEASE OR INJURY) THAT INITIATED EVENTS RESULTING IN DEATH		58. A. IMMEDIATE CAUSE (FATAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) <b>COMPLICATIONS OF DEHYDRATION</b>				59. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		60. B. DUE TO OR AS A CONSEQUENCE OF: <b>VOMITING AND DIARRHEA</b>						
		61. C. DUE TO OR AS A CONSEQUENCE OF: <b>VIRAL ENTERITIS</b>						
62. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: <b>SEVERE CONGENITAL HEART DEFECT</b>			63. AUTOPSY (Specify Yes or No): <b>NO</b>		64. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No): <b>YES</b>			
65. MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		66. DATE OF INJURY MO: <b>12</b> DAY: <b>28</b> YR: <b>2003</b>		67. INJURY AT WORK? (Specify Yes or No): <b>NO</b>		68. DESCRIBE HOW INJURY OCCURRED		
69. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		70. WHERE LOCATED?		71. STREET ADDRESS		72. CITY OR TOWN STATE		
73. SUPPLEMENTARY ENTRIES								

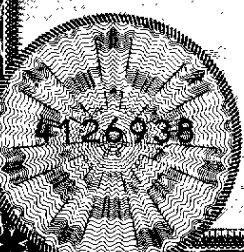
CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA }  
 COUNTY OF MARICOPA } SS

DATE ISSUED **December 8, 2003**

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

*Thomas B. Waldock, M.D., M.P.H.*  
 Local Registrar  
 Director, Department of Public Health



This copy not valid unless prepared on engraved border displaying county seal in color and raised seal of issuing agency.