

Official Record

Recording requested By
COW COUNTY TITLE

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$17.00

Page 1 of 4

RPTT:

Recorded By: AE

Book- 267 Page- 0140

A.P.N. 013-170-17

R.P.T.T. \$0.00

Escrow No. 42155

Recording Requested By:

Cow County Title Co.

Mail Tax Statements To:

Same as below

When Recorded Mail To:

Dawn Hobson

P O Box 484

Caliente, NV 89008

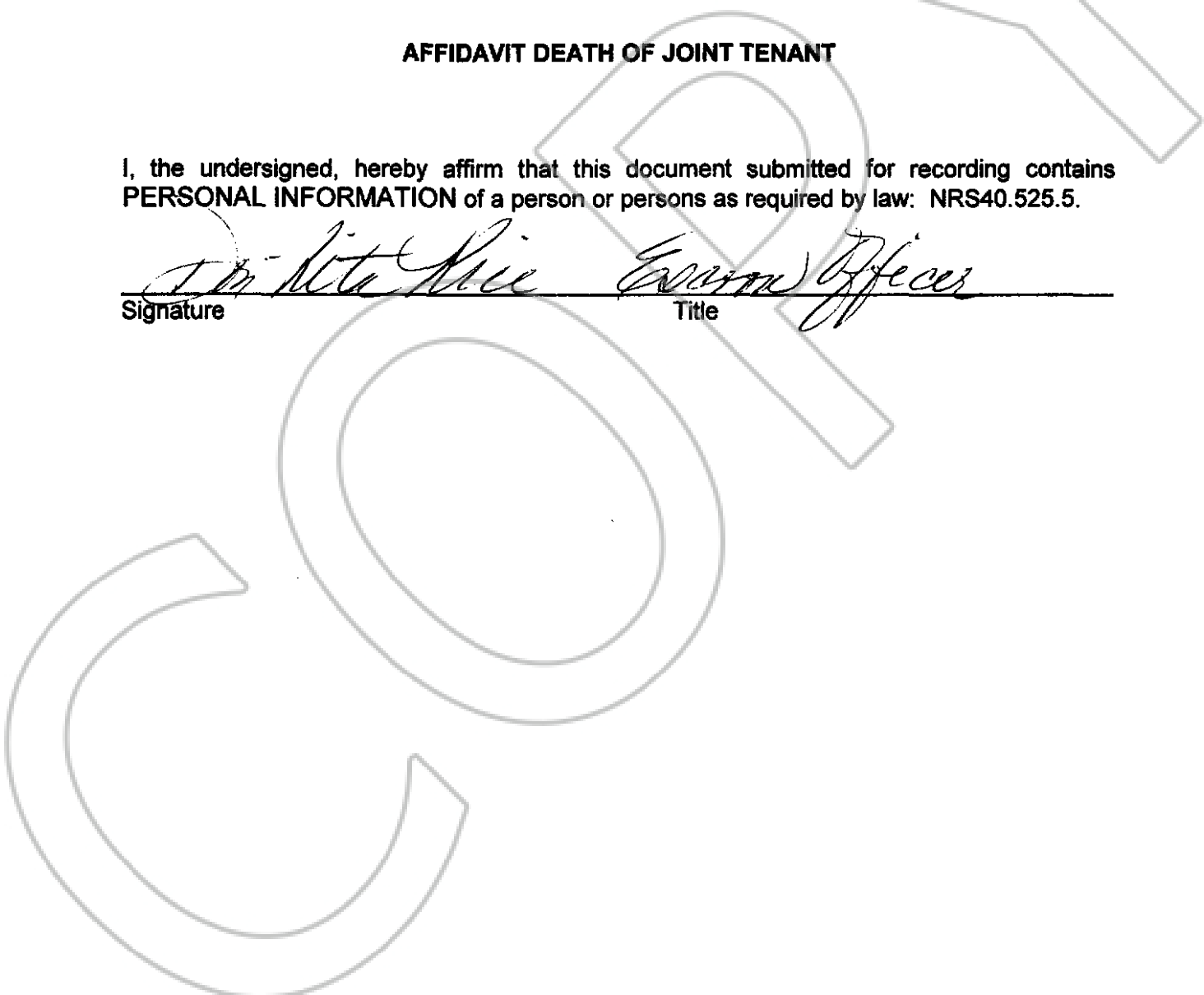


0139566

AFFIDAVIT DEATH OF JOINT TENANT

I, the undersigned, hereby affirm that this document submitted for recording contains PERSONAL INFORMATION of a person or persons as required by law: NRS40.525.5.

Janita Rice _____
Signature Title





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Mail Tax Statements To:
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Dawn Hobson
P O Box 484
Caliente, NV 89008

AFFIDAVIT DEATH OF JOINT TENANT

DAWN HOBSON, of legal age, being first duly sworn, deposes and says: That WILLIAM EUGENE. HOBSON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as WILLIAM E. HOBSON named as one of the parties in that certain Deed dated December 12, 1999, executed by Rev. Leo Slatterie to WILLIAM E. HOBSON and DAWN HOBSON, husband and wife as joint tenants, recorded as Instrument No. 113807, on 1/5/2000 in Book 145/P510 of Official Records of Lincoln, Nevada, covering the following described property situated in Lincoln County, State of Nevada:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

Dated: September 21, 2011

Dawn Hobson
DAWN HOBSON

State of Nevada }

County of: Lincoln }

This instrument was acknowledged before me on Oct. 3, 2011
By DAWN HOBSON _____

Signature: Crystal Budreau
Notary Public





DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2010004119
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

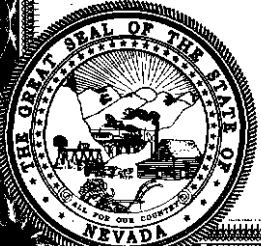
CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Williams Eugene HOBSON		2. DATE OF DEATH (Mo/Day/Year) March 10, 2010		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 7136 Russell Road		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) Home	
4. SEX Male		7a. AGE-Last birthday (Years) 67		8. DATE OF BIRTH (Mo/Day/Yr) December 14, 1942	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
9a. STATE OF BIRTH (If not U.S.A., name country) Indiana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Dawn LEWIS		13. SOCIAL SECURITY NUMBER [REDACTED]	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Electrician		14b. KIND OF BUSINESS OR INDUSTRY Clark County School District		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 7136 Russell Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Charles W HOBSON	
17. MOTHER - NAME (First Middle Last Suffix) Hattie COWAN		18a. INFORMANT - NAME (Type or Print) Dawn HOBSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 7136 Russell Rd Caliente, Nevada 89008	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
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) RICHARD KATSCHKE M.D. 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) March 11, 2010			21c. HOUR OF DEATH 10:35		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. DATE SIGNED (Mo/Day/Yr)		
			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) Richard Katschke M.D. P.O. Box 1010 Caliente, NV 89008				23b. LICENSE NUMBER 10509	
24a. REGISTRAR (Signature) JAMES C. GRAFF SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 12, 2010		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Liver Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Autoimmune Liver Cirrhosis					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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

3529611



323302 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: 03/31/2010

Rud White
SIGNATURE AUTHENTICATED

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

PNCO (Rev) 1/06

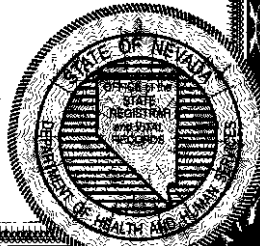




Exhibit A

File Number: 42155

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

The Southeast Quarter (SE1/4) of the Southeast Quarter (SE1/4) of the Northeast Quarter (NE1/4) of Section 14, Township 3 South, Range 67 East, M.D.B.&M.

EXCEPTING THEREFROM the Westerly 25 feet and the Southerly 25 feet for road and power easement.

ASSESSOR'S PARCEL NUMBER FOR 2011 - 2012: 013-170-17

