

AFFIDAVIT OF SURVIVING JOINT TENANT

1
2 STATE OF NEVADA)
3) ss:
4 COUNTY OF EUREKA)

5 MARJORIE M. HAMMOND, being first duly sworn, deposes and
6 says:

7 1. That she was the mother of, and ALBERT J. HAMMOND was
8 the father of, and DANETTE S. HAMMOND was the wife of, EDDY G.
9 HAMMOND, who died on the 1st day of Sept., 1985, in the
10 County of White Pine, State of Nevada.

11 2. That EDDY G. HAMMOND, the decedent mentioned in the
12 certified copy of Death Certificate attached hereto and incor-
13 porated herein by reference, and your affiant and ALBERT J. HAMMOND
14 and DANETTE S. HAMMOND are the Grantees in those certain Deeds as
15 follows:

16 a. Deed recorded on the 2nd day of May, 1977,
17 as Document No. 62947, Book 59, Page 34,
18 official records of Eureka County, Nevada,
19 wherein ALBERT J. HAMMOND was Grantor, and
20 your Affiant and ALBERT J. HAMMOND, husband
21 and wife, and EDDY G. HAMMOND and DANETTE
22 S. HAMMOND, husband and wife, as joint
23 tenants with right of survivorship, were
24 Grantees relating to that certain real
25 property situated in the County of Eureka,
26 State of Nevada, more particularly de-
27 scribed as follows:

28 Lot 6 in Block 36 of the Town of
Eureka, Nevada. TOGETHER with all
improvements thereon. TOGETHER with
the tenements, hereditaments, and
appurtenances thereunto belonging or
appertaining, and the reversion and
reversions, remainder and re-
mainders, rents, issues, and profits
thereof.

b. Deed recorded on the 2nd day of May, 1977,
as Document No. 62946, Book 59, Page 32,
Official Records of Eureka County, Nevada,
wherein ALBERT J. HAMMOND and MARJORIE M.
HAMMOND, husband and wife were Grantors and
your Affiant and ALBERT J. HAMMOND, husband
and wife and EDDY G. HAMMOND and DANETTE S.
HAMMOND, husband and wife, all as Joint
Tenants with right of survivorship were
Grantees, relating to that certain real
property situated in the County of Eureka,
State of Nevada, more particularly de-
scribed as follows:

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1 Lots 4, 5 and 7 in Block 36 of the Town
2 of Eureka, Nevada. TOGETHER with all
3 improvements situate thereon. TOGETHER
4 with the tenements, hereditaments, and
5 appurtenances thereunto belonging or
appertaining, and the reversion and
reversions, remainder and remainders,
rents, issues, and profits thereof.

6 3. That your affiant, MARJORIE M. HAMMOND and her
7 husband, ALBERT J. HAMMOND, and DANETTE S. HAMMOND are the
8 surviving joint tenant's of said joint tenancies under the above-
described Deeds.

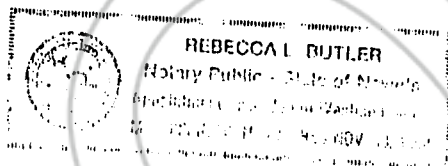
8 4. That affiant knows of her own knowledge, and hereby
9 states the fact to be that EDDY G. HAMMOND died in the County of
10 White Pine, State of Nevada, on the 1st day of Sept, 1985,
and further at the time of his death, the said decedent had not
conveyed or transferred his interest in said real property.

11 DATED this 6th day of June, 1989.

12
13 Marguerite M. Hammond
14 MARJORIE M. HAMMOND

15 SUBSCRIBED AND SWORN to before me
16 this 6th day of June, 1989.

17
18 Rebecca L. Butler
19 Notary Public



STATE OF NEVADA

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

LOCAL FILE NUMBER #65-85		STATE FILE NUMBER	
DECEDENT NAME Eddie Gene HAMMOND		DATE OF DEATH (Month, Day, Year) September 1, 1985	
CITY, TOWN, OR LOCATION OF DEATH Rural W.P. County		COUNTY OF DEATH White Pine	
HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) 41.7 Miles North of U.S. 50 Ruby Valley Road		INSIDE CITY LIMITS (Specify Yes or No) No	
RACE - In g. White, Black, American Indian, etc. (Specify) White		SEX Male	
AGE - Last Birthday (Years) 34		DATE OF BIRTH (Mo., Day, Yr.) March 20, 1951	
STATE OF BIRTH (If not U.S.A., name country) Nevada		CITIZEN OF WHAT COUNTRY USA	
SOCIAL SECURITY NUMBER [REDACTED]		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Self-employed		SURVIVING SPOUSE (If wife, give maiden name) Danette Segura	
RESIDENCE - STATE Nevada		KIND OF BUSINESS OR INDUSTRY Automobile repair and Motel	
COUNTY Eureka		STREET AND NUMBER McCoy Street	
CITY, TOWN, OR LOCATION Eureka		INSIDE CITY LIMITS (Specify Yes or No) Yes	
FATHER - NAME Albert Hammond		MOTHER - NAME Marjorie McKay	
INFORMANT - NAME (Type or Print) Mrs. Danette Hammond		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Box 321 Eureka, Nevada 89316	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY NAME Masonic Cemetery	
FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY Wilson-Bates Mortuary 450 Mill Street Ely, Nevada	
21a. (Signature and Title) <i>[Signature]</i>		22a. (Signature and Title) <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.) Sept. 3, 1985		DATE SIGNED (Mo., Day, Yr.) Sept. 1, 1985	
HOUR OF DEATH 12:15 A.M.		HOUR OF DEATH 2:58 A.M.	
NAME AND ADDRESS OF ATTENDING PHYSICIAN OR OTHER HEALTH CARE PROVIDER Martin J. Sorenson, Deputy Coroner PO Box 870 Ely, Nevada 89301		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) September 16, 1985	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Basal Skull Fracture		DEATH DUE TO COMMUNICABLE DISEASE NO	
PART I (a) DUE TO OR AS A CONSEQUENCE OF Basal Skull Fracture		Interval between onset and death	
PART I (b) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I (a))		WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
DATE OF INJURY (Mo., Day, Yr.) Sept 1, 1985		HOUR OF INJURY 12:15 A	
PLACE OF INJURY - At home, farm, street, factory, office, hospital, etc. (Specify) No		LOCATION 41.7 Miles North of U.S. 50	
DATE OF INJURY Sept 1, 1985		HOUR OF INJURY 12:15 A	
PLACE OF INJURY - At home, farm, street, factory, office, hospital, etc. (Specify) No		LOCATION 41.7 Miles North of U.S. 50	

Date Issued:

VITAL RECORDS

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Marge Hammond
'89 JUN 19 P4:01

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
H.N. REEDER, RECORDER
FILE NO. ECT 5 800

127431

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