

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME MAXWELL S. SCOTT-HAMILTON  
STREET ADDRESS 4472 INVERNESS DR  
CITY, STATE, ZIP OCEAN SIDE  
CA. 92057

140286

Title Order No. \_\_\_\_\_ Escrow No. \_\_\_\_\_

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## AFFIDAVIT—DEATH OF JOINT TENANT

STATE OF CALIFORNIA

COUNTY OF SAN DIEGO

} ss.

MAXWELL S. SCOTT-HAMILTON, of legal age, being first duly sworn, deposes and says:

That TONY SCOTT-HAMILTON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as TONY SCOTT-HAMILTON named as one of the parties in that certain DEED dated AUG. 14<sup>th</sup>, 1969, executed by NEVADA TITLE GUARANTY CO.

to MAXWELL S. SCOTT-HAMILTON & TONY SCOTT-HAMILTON as joint tenants, recorded as Instrument No. \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_, in

Book 33, Page 374, of the Official Records in the Office of the County Recorder of EUREKA,

County, State of NEVADA, concerning the following described real property situated in the City of CRESCENT VALLEY, County of EUREKA, State of NEVADA:

DESCRIBED AS:

LOT 12 IN BLOCK 23 OF CRESCENT VALLEY  
RANCH AND FARMS, UNIT No. 1, AS PER MAP  
RECORDED IN SAID COUNTY AS FILE NO. 34081  
APN-02-039-02

That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not then exceed the sum of \$350,000.00

Dated

2-27

1992

(Signature of Joint Tenant)

(Type or Print Full Name of Joint Tenant)

SUBSCRIBED AND SWORN TO BEFORE ME

(Signature of Joint Tenant)

this

27<sup>th</sup>

day of

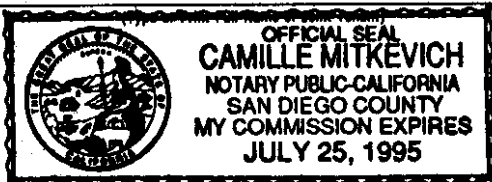
February

19

92

Camille Mitkevich

(Signature of Notary)



**USE BLACK INK ONLY**

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) TONY		1B. MIDDLE ---		1C. LAST (FAMILY) SCOTT-HAMILTON	
2A. DATE OF DEATH—MO. DAY, YR December 29 1989		2B. HOUR 0744		3. SEX F	
4. RACE Caucasian		5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR July 05, 1911	
7. AGE IN YEARS 78		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES	
8. STATE OF BIRTH Eng.		9. CITIZEN OF WHAT COUNTRY U.S.A.		10A. FULL NAME OF FATHER Francis Cook	
10B. STATE OF BIRTH Eng.		11A. FULL MAIDEN NAME OF MOTHER Mary E. Gray		11B. STATE OF BIRTH Englan	
12. MILITARY SERVICE? 19 TO 19 <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. [REDACTED]		14. MARITAL STATUS Married	
15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Maxwell S. Scott-Hamilton		16A. USUAL OCCUPATION Homemaker		16B. USUAL KIND OF BUSINESS OR INDUSTRY Home	
16C. USUAL EMPLOYER Own Home		16D. YEARS IN OCCUPATION 54		17. EDUCATION—YEARS COMPLETE 14	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 4472 Inverness Drive		18B. CITY Oceanside		18C. ZIP CODE 92056	
18D. COUNTY San Diego		18E. NUMBER OF YEARS IN THIS COUNTY 8		18F. STATE OR FOREIGN COUNTRY CA	
19A. PLACE OF DEATH Street		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA		19C. COUNTY San Diego	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION Intersection, Douglas Drive at Westport Drive		19E. CITY Oceanside		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Maxwell S. Scott-Hamilton-Hu 4472 Inverness Drive Oceanside, CA 92056	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE { (A) Multiple blunt force injuries		seconds		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES 89-2781 <input type="checkbox"/> NO	
DUE TO { (B)				23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO { (C)				24A. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 27? IF YES, LIST TYPE OF OPERATION AND DATE. No		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN		27C. PHYSICIAN'S LICENSE NUMBER	
DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		27D. DATE SIGNED	
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER DAVID J. STARK, Coroner		28B. DATE SIGNED 12-30-89	
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined Accident		30A. PLACE OF INJURY Street		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
30C. DATE OF INJURY MONTH, DAY, YEAR 12-29-89		31. HOUR 0715		32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) Intersection, Douglas Drive at Westport Drive, Oceanside	
33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) Pedestrian, struck by hit-and-run private passenger vehicle.		34A. DISPOSITION(S) CR/RES		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS 4472 Inverness Dr. Oceanside, CA 92056	
34C. DATE MO. DAY, YEAR 01-04-1990		35A. SIGNATURE OF EMBALMER Not Embalmed		35B. LICENSE NUMBER ---	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Humphrey Chula Vista Mortuary		36B. LICENSE NO. F-964		37. SIGNATURE OF LOCAL REGISTRAR Donald E. [Signature] Co	
38. REGISTRATION DAY JAN 4 1990		A.		B.	
C.		D.		E.	
F.		G.		CENSUS TRACT	

VS-11 (REV. 3-89)

**MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS**

BOOK 232 PAGE 574  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Maxwell Scott-*  
'92 MAR 23 AM 1:30  
*Hamilton*  
EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEE \$6.00  
140286

BOOK 232 PAGE 575