

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: OCEAN SIDE
STATE: CA
ZIP: 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. 14th, 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 Maxwell S. Scott-Hamilton
(Signature of Joint Tenant)

Maxwell S. Scott-Hamilton
(Type or Print Full Name of Joint Tenant)

SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of February, 1992

Camille Mitkevich
(Signature of Notary)



CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER			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
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
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
12. MILITARY SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. [REDACTED]		14. MARITAL STATUS Married	
16A. USUAL OCCUPATION Homemaker		16B. USUAL KIND OF BUSINESS OR INDUSTRY Home		16C. USUAL EMPLOYER Own Home	
16A. 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			22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES 89-2781 <input type="checkbox"/> NO		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DUE TO (B)			24A. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DUE TO (C)			25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None		
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
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
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.		30C. DATE OF INJURY MONTH, DAY, YEAR 12-29-89
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	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Humphrey Chula Vista Mortuary		36B. LICENSE NO. F-964		35A. SIGNATURE OF EMBALMER Not Embalmed	
38. REGISTRATION DAY JAN 4 1990		37. SIGNATURE OF LOCAL REGISTRAR <i>Donald L. ...</i>			
STATE REGISTRAR	A.	B.	C.	D.	E.

COUNTY OF SAN DIEGO, DEPT. OF HEALTH SERVICES 3851 ROSECRANS ST. THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF SAN DIEGO DEPT. OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED. REQUIRED FEE PAID.
 DATE ISSUED: **JAN 4 1990**
 REGISTRAR OF VITAL STATISTICS
Donald L. ...

BOOK 232 PAGE 574
 OFFICIAL RECORDS
 RECORDED AT THE REQUEST OF
Maxwell Scott-Hamilton
 '92 MAR 23 11:30
 EUREKA COUNTY, NEVADA
 M.N. REBALEATI, RECORDER
 FILE NO. FEE \$600
 140286