

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 OCEANSIDE
STATE CA.
ZIP 92057

140287

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 AND TONY SCOTT-HAMILTON as joint tenants, recorded as Instrument No. _____, on _____, 19____, in Book 33, Page 375, 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 _____, County of EUREKA, State of NEVADA.

DESCRIBED AS:

THE N $\frac{1}{2}$ OF THE NE $\frac{1}{4}$ OF THE SW $\frac{1}{4}$ OF SECTION 29,
TOWNSHIP 39 NORTH, RANGE 48 EAST, M.D.B. & M.,
PER
AS RECORDED OF SURVEY MAP RECORDED IN
EUREKA COUNTY, STATE OF NEVADA
FILE NO. 34550, UNIT No. 5. APN-03-141-17

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

1992

(Signature of Joint Tenant)

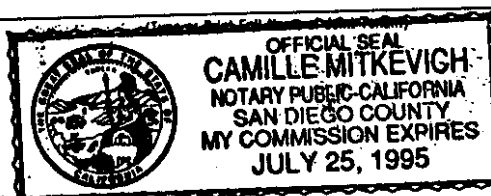
Maxwell S. Scott-Hamilton
(Type or Print Full Name of Joint Tenant)

SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of February, 1992

Camille Mitkevich
(Signature of Notary)

(Signature of Joint Tenant)



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.

Donald E. Conner, M.D.
REGISTRAR OF VITAL STATISTICS

DATE ISSUED: JAN 4 1990

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST (GIVEN) TONY			2A. DATE OF DEATH—MO, DAY, YR December 29, 1989		
1B. MIDDLE ---			2B. HOUR 0744		
1C. LAST (FAMILY) SCOTT-HAMILTON			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		
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			18. CITY Oceanside		
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 4472 Inverness Drive			18B. ZIP CODE 92056		
18D. COUNTY San Diego			18E. NUMBER OF YEARS IN THIS COUNTY 8		
18F. STATE OR FOREIGN COUNTRY CA			20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Maxwell S. Scott-Hamilton-Hu: 4472 Inverness Drive Oceanside, CA 92056		
19A. PLACE OF DEATH Street			19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA [REDACTED]		
19C. COUNTY San Diego			19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION Intersection, Douglas Drive at Westport Drive		
19E. CITY Oceanside			22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES 89-2781 <input type="checkbox"/> NO		
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Multiple blunt force injuries			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		
DUE TO (C)			24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <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 25? IF YES, LIST TYPE OF OPERATION AND DATE. No		
27A. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN [REDACTED]			27C. PHYSICIAN'S LICENSE NUMBER [REDACTED]		
27D. DATE SIGNED [REDACTED]			27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS [REDACTED]		
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		
30D. HOUR 0715			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 <i>Donald E. Conner, M.D.</i>		
38. REGISTRATION DATE JAN 4 1990			39. CENSUS TRACT ---		
STATE REGISTRAR			CENSUS TRACT		

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

VS-11 (REV. 3-89)

BOOK 232 PAGE 576
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Maxwell Scott
'92 MAR 23 AM 1:30
X Hamilton
EUREKA COUNTY, Nevada
M.N. REBALEATI, RECORDER
FILE NO. FEE \$ 6.00
140287

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