

DOC # 0210788

10/12/2007

02:49 PM

**Official Record**

Recording requested By  
FIRST AMERICAN TITLE CO

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$18.00

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RPTT:

Recorded By: FES

Book- 0465 Page- 0065

003-182-01, 003-183-01, 003-211-02, 003-  
211-02, 003-211-02, 003-253-02 and 003-  
A.P.N.: 231-05  
File No: 294-4920965 (dag)

2332423

When Recorded return to, and mail Tax Statements to:  
Dennis J.R. Hodgson  
107 Evelyn Place  
Asheville, NC 28801



**AFFIDAVIT - TERMINATING JOINT TENANCY**

**Dennis J.R. Hodgson**, of legal age, being first duly sworn, deposes and says:

That **Johanna Luise Hodgson**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Johanna Luise Hodgson** named as one of the parties in that certain **Corporation Joint Tenancy Grant Deeds** dated **July 18, 1966** executed by **Nevelco, Inc.** to **Dennis J.R. Hodgson and Johanna Luise Hodgson** as joint tenants, recorded as Document No. **42295 & 42296** on **July 27, 1966** in Book **11** of Official Records of **Eureka County, Nevada** covering the following described property situated in the County of **Eureka**, State of **Nevada** :

\* 1966

**\*\* SEE EXHIBIT "A" HERETO AND MADE A PART HEREOF \*\***

Dennis J.R. Hodgson

Dennis J.R. Hodgson

Date

7/27/07

STATE OF

NC

)

:ss.

COUNTY OF

Burcombe

)

This instrument was acknowledged before me on

9/27/07 by

Dennis J.R. Hodgson

Wurian Jones Gaddy  
Notary Public

(My commission expires: 3/16/2012)



**NOTARY INFORMATION**

NOTARY PUBLIC: PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Your Name: (NOTARY)

Address:

Daytime Phone Number:

State:

County:

In the event **First American Title Insurance Agency of Mohave, Inc., a(n) AZ** Corporation comes across a problem with the Notary section I, (notary public) authorizes **First American Title Insurance Agency of Mohave, Inc., a(n) AZ** Corporation to make changes to the notary section only.

Notary Public signature

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EXHIBIT "A"

The land referred to in this Commitment is situated in the County of Eureka, State of Nevada and is described as follows:

PARCEL 1:

LOTS 5 AND 6; AND AS SHOWN UPON A SUBDIVISION MAP OF, SECTION 15, TOWNSHIP 29 NORTH, RANGE 48 EAST, MOUNT DIABLO BASE AND MERIDIAN, WHICH MAP WAS PREPARED BY AND FILED AT THE REQUEST OF W. H. SETTELMAYER, LICENSED SURVEYOR, WITH THE COUNTY RECORDER OF THE COUNTY OF EUREKA, STATE OF NEVADA, ON DECEMBER 5, 1960, FILE NO. 35161.

PARCEL 2:

LOT 4; AND AS SHOWN UPON A SUBDIVISION MAP OF, SECTION 15, TOWNSHIP 29 NORTH, RANGE 48 EAST, MOUNT DIABLO BASE AND MERIDIAN, WHICH MAP WAS PREPARED BY AND FILED AT THE REQUEST OF W.H. SETTELMAYER, LICENSED SURVEYOR, WITH THE COUNTY RECORDER OF THE COUNTY OF EUREKA, STATE OF NEVADA, ON DECEMBER 5, 1960, FILE NO. 35161.

PARCEL 3:

LOT 3, 4, 5 AND 6, BLOCK G; AND AS SHOWN UPON A SUBDIVISION MAP OF, SECTION 15, TOWNSHIP 29 NORTH, RANGE 48 EAST, MOUNT DIABLO BASE AND MERIDIAN, WHICH MAP WAS PREPARED BY AND FILED AT THE REQUEST OF W.H. SETTELMAYER, LICENSED SURVEYOR, WITH THE COUNTY RECORDER OF THE COUNTY OF EUREKA, STATE OF NEVADA, ON OCTOBER 5, 1961, FILE NO. 35633.

PARCEL 4:

LOT 6 AND 7, BLOCK I; AND AS SHOWN UPON A SUBDIVISION MAP OF, SECTION 15, TOWNSHIP 29 NORTH, RANGE 48 EAST, MOUNT DIABLO BASE AND MERIDIAN, WHICH MAP WAS PREPARED BY AND FILED AT THE REQUEST OF W.H. SETTELMAYER, LICENSED SURVEYOR, WITH THE COUNTY RECORDER OF THE COUNTY OF EUREKA, STATE OF NEVADA, ON OCTOBER 5, 1961, FILE NO. 35633.

PARCEL 5:

LOT 5, BLOCK Q; AND AS SHOWN UPON A SUBDIVISION MAP OF, SECTION 15, TOWNSHIP 29 NORTH, RANGE 48 EAST, MOUNT DIABLO BASE AND MERIDIAN, WHICH MAP WAS PREPARED BY AND FILED AT THE REQUEST OF W.H. SETTELMAYER, LICENSED SURVEYOR, WITH THE COUNTY RECORDER OF THE COUNTY OF EUREKA, STATE OF NEVADA, ON OCTOBER 5, 1961, FILE NO. 35633.

PARCEL 6:

LOT 1, 2, 3 AND 4, BLOCK V; AND AS SHOWN UPON A SUBDIVISION MAP OF, SECTION 15, TOWNSHIP 29 NORTH, RANGE 48 EAST, MOUNT DIABLO BASE AND MERIDIAN, WHICH MAP WAS PREPARED BY AND FILED AT THE REQUEST OF W.H. SETTELMAYER, LICENSED SURVEYOR, WITH THE COUNTY RECORDER OF THE COUNTY OF EUREKA, STATE OF NEVADA, ON OCTOBER 5, 1961, FILE NO. 35633.

PARCEL 7:

LOT 11 AND 12, BLOCK BB; AND AS SHOWN UPON A SUBDIVISION MAP OF, SECTION 15,  
TOWNSHIP 29 NORTH, RANGE 48 EAST, MOUNT DIABLO BASE AND MERIDIAN, WHICH MAP  
WAS PREPARED BY AND FILED AT THE REQUEST OF W.H. SETTELMAYER, LICENSED  
SURVEYOR, WITH THE COUNTY RECORDER OF THE COUNTY OF EUREKA, STATE OF  
NEVADA, ON OCTOBER 5, 1961, FILE NO. 35633.



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## CERTIFICATE OF DEATH

Registration  
District No. 011-00 Local No.

DECEDENT'S NAME (First, Middle, Last)		SEX	DATE OF DEATH (Month, Day, Year)
1. Johanna Luise Poller Hodgson		2. F	3. July 23, 1988
SOCIAL SECURITY NUMBER	AGE - Last Birthday (Years)	UNDER 1 YEAR Months Days	UNDER 1 DAY Hours Minutes
4. [REDACTED]	5. 68	3b.	5c.
DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (City and State or Foreign Country)	
6. 10-31-1919		7. East Germany	
9a. PLACE OF DEATH (Check only one: see instructions on other side)			
8. <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
FACILITY NAME (If not institution, give street and number)		CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS? (Yes or No)
9b. 620 Beaverdam Road		9c. Asheville	9d. no
COUNTY OF DEATH		KIND OF BUSINESS/INDUSTRY	
9e. Buncombe		12b. own home	
MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	KIND OF BUSINESS/INDUSTRY
10. married	11. Dennis Hodgson	12a. homemaker	12b. own home
RESIDENCE - STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
13a. N.C.	13b. Buncombe	13c. Asheville	13d. 620 Beaverdam Road
INSIDE CITY LIMITS (Yes or No)	ZIP CODE	Was Decedent of Hispanic Origin? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Specify)	RACE - American Indian, Black, White, etc. (Specify)
13e. no	13f. 28804	14.	15. Caucasian
FATHER'S NAME (First, Middle, Last)		MOTHER'S NAME (First, Middle, Maiden Surname)	
17. Paul O. Poller		18. Klara Hahn	
INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
19a. Dennis Hodgson		19b. 620 Beaverdam Road, Asheville, NC 28804	
PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.			Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
a. <u>Respiratory arrest</u>			
DUE TO (OR AS A CONSEQUENCE OF):			
b. <u>Extensive metastatic endometrial cancer</u>			
DUE TO (OR AS A CONSEQUENCE OF):			
c.			
DUE TO (OR AS A CONSEQUENCE OF):			
d.			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
20b.			
20c.			
AUTOPSY? (Yes or No)	If yes, were findings considered in determining cause of death?	Was case referred to Medical Examiner? (Yes or No)	TIME OF DEATH
21a. No	21b.	21c.	22. 1:10 Am.
NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.			
SIGNATURE AND TITLE OF CERTIFIER			DATE SIGNED (Month, Day, Year)
23a. [Signature]			23b. 7-26-88
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print)			
24. Reavis T. Eubanks, M.D., 86 Victoria Road, Asheville, N.C. 28801			
METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	LOCATION - City or Town, State, Zip Code
25a. <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal <input type="checkbox"/> Donation <input type="checkbox"/> Other		25b. Maple Springs Crematory	25c. Asheville, N.C. 28801
NAME AND ADDRESS OF FUNERAL HOME		SIGNATURE OF FUNERAL DIRECTOR	LICENSE NUMBER
26a. Morris Funeral Home, Asheville, N.C.		26b. [Signature]	26c. 3241
REGISTRAR'S SIGNATURE	DATE FILED (Month, Day, Year)	SIGNATURE OF EMBALMER	LICENSE NUMBER
27a. [Signature]	27b. 07-29-1988	27c.	27d.

DHS 1872  
(Revised 1/88)  
VITAL RECORDSNorth Carolina  
Buncombe County

I, OTTO W. DeBRUHL, Register of Deeds of Buncombe County, do hereby certify that the above information is from

Volume 75 Page 1416 of the record of Vital Statistics for Buncombe County, North Carolina.

Witness my hand and official seal this the 28th day of September, 2007.

Otto W. DeBruhl  
OTTO W. DeBRUHL, Register of Deed

Peggy Watson



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