

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)

COUNTY OF Burke) :ss.

This instrument was acknowledged before me on 9/27/07 by

Dennis J.R. Hodgson

Wivian Jones Gaddy
Notary Public

(My commission expires: 3/16/2012)



NOTARY INFORMATION

NOTARY PUBLIC: PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Your Name: (NOTARY) Vivian Jones Gaddy

Address: 440 Governors View Rd

Daytime Phone Number: Asheville 828-275-2680

State: NC 28805

County: Buncombe

~~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~~

Reproduced by First American Title Insurance 1/2001

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.

COPY



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CERTIFICATE OF DEATH

Registration District No. 011-00 Local No. _____

DECEDENT'S NAME (First, Middle, Last) 1. Johanna Luise Poller Hodgson		SEX 2. F	DATE OF DEATH (Month, Day, Year) 3. July 23, 1988
SOCIAL SECURITY NUMBER 4. [REDACTED]	AGE - Last Birthday (Years) 5. 68	UNDER 1 YEAR Months Days 5b.	UNDER 1 DAY Hours Minutes 5c.
DATE OF BIRTH (Month, Day, Year) 6. 10-31-1919		BIRTHPLACE (City and State or Foreign Country) 7. East Germany	
9a. PLACE OF DEATH (Check only one: see instructions on other side) <input type="checkbox"/> HOSPITAL, <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA 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) 8b. 620 Beaverdam Road		CITY, TOWN, OR LOCATION OF DEATH 8c. Asheville	INSIDE CITY LIMITS? (Yes or No) 8d. no
COUNTY OF DEATH 8e. Buncombe			
MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) 10. MARRIED	SURVIVING SPOUSE (If wife, give maiden name) 11. Dennis Hodgson	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 12a. homemaker	KIND OF BUSINESS/INDUSTRY 12b. own home
RESIDENCE - STATE 13a. N.C.	COUNTY 13b. Buncombe	CITY, TOWN, OR LOCATION 13c. Asheville	STREET AND NUMBER 13d. 620 Beaverdam Road
INSIDE CITY LIMITS (Yes or No) 13e. no	ZIP CODE 13f. 28804	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) 15. Caucasian
DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+) 16. college (14)			
FATHER'S NAME (First, Middle, Last) 17. Paul O. Poller		MOTHER'S NAME (First, Middle, Maiden Surname) 18. Klara Hahn	
INFORMANT'S NAME (Type/Print) 19a. Dennis Hodgson		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 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, stroke or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Respiratory arrest	DUE TO (OR AS A CONSEQUENCE OF):	Approximate Interval Between Onset and Death
b. Extensive metastatic endometrial cancer	DUE TO (OR AS A CONSEQUENCE OF):	
c.	DUE TO (OR AS A CONSEQUENCE OF):	
20a. d.		

Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

20b. _____

AUTOPSY? (Yes or No) 21a. No	If yes, were findings considered in determining cause of death? 21b.	Was case referred to Medical Examiner? (Yes or No) 21c.	TIME OF DEATH 22. 1:10 Am.
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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 23a. [Signature]	DATE SIGNED (Month, Day, Year) 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 <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal 25a. [] [] []	PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 25b. Maple Springs Crematory	LOCATION - City or Town, State, Zip Code 25c. Asheville, N.C. 28801
NAME AND ADDRESS OF FUNERAL HOME 26a. Morris Funeral Home, Asheville, N.C.	SIGNATURE OF FUNERAL DIRECTOR 26b. [Signature]	LICENSE NUMBER 26c. 3241
REGISTRAR'S SIGNATURE 27a. [Signature]	DATE FILED (Month, Day, Year) 27b. 07-29-1988	SIGNATURE OF EMBALMER 28a. [Signature]
		LICENSE NUMBER 28b. []

DHS 1872 (Revised 1/88) VITAL RECORDS

North 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, 20 07.

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

Peary Watson