

**Affidavit—Death of Joint Tenant**

TO 5036 NV (5-73)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF Douglas

} ss.

ANN ALLEN a/k/a ANN ALLEN KAISER, of legal age, being first duly sworn, deposes and says:  
That STUART STEPHEN HENRY ALLEN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as STUART STEPHEN HENRY ALLEN named as one of the parties in that certain Deed dated December 10, 1970, executed by LESTER R. JOHNSON and SHIRLEY G. JOHNSON, Husband and Wife to STUART STEPHEN HENRY ALLEN and ANN ALLEN, Husband and Wife, as joint tenants, recorded as Instrument No. 50630, on December 18, 1970, in book 82, page 166, of Official Records of Douglas County, Nevada, covering the following described property situated in the city of Zepher Cove, County of Douglas, State of Nevada:

Lot 104, as shown on the map of SKYLAND SUBDIVISION NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on July 22, 1959.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ N/A.

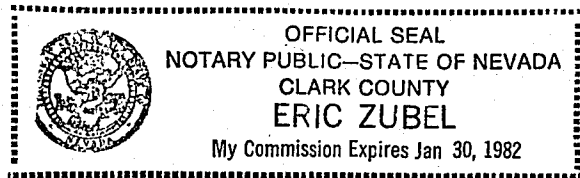
Dated December 15, 1980

Ann Allen A/k/a Ann Allen Kaiser  
ANN ALLEN a/k/a/ ANN ALLEN KAISER

SUBSCRIBED AND SWORN TO before me

this 15th day of December, 1980.

Signature [Signature]  
Eric Zubel  
Name (Typed or Printed)



(This area for official notarial seal)

Title Order No.

Escrow or Loan No.

**RECORDING REQUESTED BY**

AND WHEN RECORDED MAIL TO

Name  
Street  
Address  
City & State

ERIC ZUBEL, ESQ.  
CLARK AND ZUBEL  
302 East Carson, #800  
Las Vegas, Nevada 89101

SPACE BELOW THIS LINE FOR RECORDER'S USE

53928

LIBER 381 PAGE 009

WARNING: DO NOT ACCEPT THIS COPY UNLESS THE RAISED SEAL OF THE BOARD OF HEALTH OF THE CITY OF NORTHFIELD, IN THE COUNTY OF ATLANTIC, IS AFFIXED HEREON.



# City of Northfield

BUREAU OF VITAL STATISTICS

P. O. BOX 266  
NORTHFIELD, N. J. 08225

PHONE 641-2000

THIS IS TO CERTIFY THAT THE FOLLOWING IS A TRUE COPY OF A RECORD FILED WITH THIS OFFICE

**SEAL**

*Ruth S. Harffey*  
Registrar of Vital Statistics

NEW JERSEY STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

PLACE		1. NAME OF DECEASED (First) (Middle) (Last) STUART STEPHEN HENRY ALLEN			2. DATE OF DEATH 2/20/79							
RESIDENCE		3a. PLACE OF DEATH (City or Town) Atlantic City		3b. County Atlantic		4a. Residence (No. and St.) 2909 Mason Avenue		4b. City or Town Las Vegas				
		5a. Name of Hospital or Institution (If not either, give No. and St.) Atlantic City Medical Center			4c. County Atlantic		4d. State Nevada		4e. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
DECEASED		5b. If Hospital or Institution, check correct box <input type="checkbox"/> DOA <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency <input type="checkbox"/> Other:		6. Marital Status 2 <input checked="" type="checkbox"/> Married 3 <input type="checkbox"/> Widowed 1 <input type="checkbox"/> Single, 2 <input type="checkbox"/> Separated 4 <input type="checkbox"/> Divorced		7a. Was Deceased ever in U.S. Military If "Yes" enter War and Dates <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7b. War		7c. Date From: To:		
HOSPITAL		8. Sex Male		9. Date of Birth 11-18-1925		10. Age Last Birthday 53		11a. Under "1" Year MONTHS DAYS HOURS MINUTES		11b. Under "1" Day		
AGE		12a. Birthplace (State or Foreign Country) England		12b. Citizen of what Country U.S.A.		13. Surviving Spouse (If Wife, Maiden Name) Ann Jenkins		14. Social Security Number -1276				
BIRTHPLACE		15. Race <input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Other (Specify)		16. Ethnic Origin <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Italian <input type="checkbox"/> German		17. Name and Address of Last Employer Resorts International Hotel Inc. N. Carolina and the Boardwalk Atlantic City, N.J.						
RACE		18. Usual Occupation (Kind of work done most of Life - even if retired) director			19. Kind of Business or Industry theatre operations							
ETHNIC		20. NAME OF FATHER (First) (Middle) (Last) John Allen			21. MAIDEN NAME OF MOTHER (First) (Middle) (Last) Rachael Frankel							
CAUSE		21a. Name of Informant Ann Allen		21b. Relationship wife		21c. Number and Street same as 4a		21d. City or Town Las Vegas		21e. State Nev.		
PLACE OF ACCIDENT		22a. Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Removal <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Other:		22b. Name of Cemetery or Crematory Cape May Co. Crematory			22c. City or Town Cape May		22d. State N.J.			
CROSS CLASS		23a. Name and Address of Funeral Director H. Paxson Keates Tilton Rd. and Infield Avenue Northfield, N.J.			23b. Signature of Funeral Director <i>H. Paxson Keates</i>		23c. N.J. License No. 2503		24b. Date received by Registrar 2-22-79			
CERTIFIER		25a. Name and Address of Certifier - <input type="checkbox"/> Attending Phys. <input checked="" type="checkbox"/> Med. Exam. <input type="checkbox"/> Other D.V. Trivedi / D.R. Akkerman 1925, Pacific Ave Atlantic City, N.J. 08401			25b. To the best of my knowledge, death occurred at time, date and place, due to cause(s) stated. Signature: <i>D.V. Trivedi</i>			25c. Date Signed 2/21/79		25d. Hour of Death 11:25 AM		25e. Pronounced Dead DATE 2/20/79
CAUSE OF DEATH		27a. PART I Immediate Cause (Enter only one cause per line for (a), (b), and (c). a. Myocardial Infarction, Acute, Postero-Lateral wall Due to or as a consequence of b. Atherosclerotic Coronary Heart Disease Due to or as a consequence of			28. Was Autopsy performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			29. Was case referred to Medical Examiner or Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
		30. Death due to <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Under Investigation <input type="checkbox"/> Other			31a. Describe how Injury occurred			31b. Date of Injury		31c. Hour of Injury		
		31d. Injury at Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			31e. Place of Injury <input type="checkbox"/> Home <input type="checkbox"/> Street <input type="checkbox"/> Farm <input type="checkbox"/> Factory		31f. Location (No. and St.)		31g. City or Town		31h. State	

REG. 18  
July 77  
H 1911

COPY

REQUESTED BY

Eric Zibel

IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

\$5.00 cop.

1981 MAR -2 AM 9:29

MARIE A. RABEL

RECORDER

Cass Z. Hart

Dep. LIBER

53928

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