

AFFIDAVIT BY SURVIVING JOINT TENANT

1  
2 STATE OF NEVADA            )  
                                  :     ss.  
3 CARSON CITY                )

4                MERRILY G. KRONBERG, being first duly sworn, deposes  
5 and says:

6                That EMILIA M.F. KRONBERG and MARTIN KRONBERG were  
7 grantees in that certain Grant, Bargain and Sale Deed dated  
8 the 10th day of July, 1975, wherein RONALD J. KITCHEN and  
9 DOLORES M. KITCHEN, husband and wife, were the grantors, and  
10 EMILIA M.F. KRONBERG and MARTIN KRONBERG, husband and wife,  
11 and MERRILY G. KRONBERG, a single woman all as joint tenants,  
12 are grantees, conveying to said grantees that certain lot,  
13 piece and parcel of land situated in the County of Douglas,  
14 State of Nevada, and more particularly described as follows,  
15 to-wit:

16                The Northwest quarter of the Northwest quarter of  
17 the Southeast quarter of the Southeast quarter of  
18 Section 34, Township 14 North, Range 20 East,  
19 M.D.B.&M., in the County of Douglas, State of Nevada.

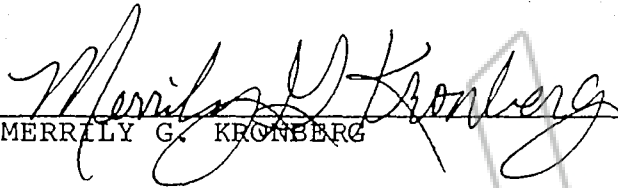
20                That said Grant, Bargain and Sale Deed was recorded  
21 on the 3rd day of January, 1977, in the Official Records of  
22 Douglas County, Nevada, as Instrument No. 05872, Book 177,  
23 page 29.

24                That EMILIA M.F. KRONBERG, one of the grantees in  
25 said deed, died on the 7th day of June, 1978, and is the iden-  
26 tical person named in that certified copy of death certificate  
27 attached hereto as Exhibit "A", and that said certified copy  
28 of death certificate is hereby referred to and by such refer-  
29 ence is incorporated into this paragraph as though fully set  
30 forth herein; and


31                That MARTIN KRONBERG, one of the grantees in said  
32 deed, died on the 9th day of March, 1981, and is the identical  
person named in that certified copy of death certificate at-

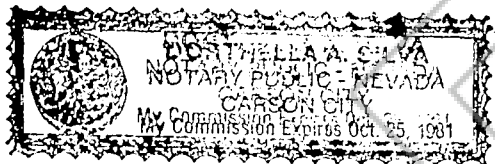
1 tached hereto as Exhibit "B", and that said certified copy of  
2 death certificate is hereby referred to and by such reference  
3 is incorporated into this paragraph as though fully set forth  
4 herein.

5 DATED this 29 day of April, 1981.

6  
7   
8 MERRILY G. KRONBERG

9 SUBSCRIBED and SWORN to before me  
10 this 29th day of April, 1981.

11   
12 NOTARY PUBLIC



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AT THE REQUEST OF  
ALLISON BRUNETTI,  
MACKENZIE & TAYLOR, LTD  
1981 MAY 27 PM 4:27  
FILE NO. ~~V67~~ 4333  
PEPE SUPERA  
CARSON CITY RECORDER  
BY ~~M. J. ...~~ DEPUTY  
640-92

2A 200X 18A

# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

ROLL 44 IMAGE 453

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

78-002615  
STATE FILE NUMBER

LOCAL FILE NUMBER 673

1. DECEASED—NAME First Middle Last <b>Emelia KRONBERG</b>		2. DATE OF DEATH (Month, Day, Year) <b>June 7, 1978</b>		3. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) <b>Washoe Medical Center</b>		3d. If Hosp or Inst Indicate DOA, OP/ Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
4a. RACE—(e.g. White, Black, American Indian, etc.) (Specify) <b>White</b>		4b. ETHNIC <b>English-Polish</b>		4c. AGE—Last Birthday (Years) <b>63</b>	
4d. UNDER 1 YEAR MOS : DAYS		4e. UNDER 1 DAY HOURS : MINS		4f. DATE OF BIRTH (Mo, Day, Yr.) <b>Sept 5, 1914</b>	
4g. SEX <b>female</b>		8. STATE OF BIRTH (if not U.S.A. name country) <b>Oregon</b>		9. CITIZEN OF WHAT COUNTRY <b>USA</b>	
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		11. SURVIVING SPOUSE (if wife, give maiden name) <b>Martin Kronberg</b>		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>no</b>	
13. SOCIAL SECURITY NUMBER <b>██████████ 0680</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Housewife</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Carson</b>		15c. CITY, TOWN, OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>3759 Hwy 50 East</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>no</b>			
16. FATHER—NAME First Middle Last <b>Walter Ferris</b>			17. MOTHER—MAIDEN NAME First Middle Last <b>Rosalie Sydonia</b>		
18a. INFORMANT—NAME (Type or Print) <b>Martin Kronberg</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>3759 Hwy 50 East, Carson City, Nevada</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY—NAME <b>Hebrew Cemetery</b>		19c. LOCATION City or Town State <b>Reno, Nevada</b>	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. NAME AND ADDRESS OF FACILITY <b>Walton Funeral Home, 875 West 2nd St, Reno, Nevada 89505</b>			
21a. To be completed by CERTIFYING PHYSICIAN Only 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) <b>6/8/78</b>		21b. HOUR OF DEATH <b>7:10 P.M.</b>		21c. AM PM	
22a. To be completed by MEDICAL EXAMINER or Coroner Only 22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)		22b. PHONOUNCED DEAD (Mo., Day, Yr.)		22c. PHONOUNCED DEAD (Hour) <b>7:10</b>	
22d. ON		22e. AT		XX PM AM PM	
23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) <b>James W. Forsythe, M.D. 1000 Ryland Reno, NV. 89502</b>					
24a. REGISTRAR (Signature) <i>[Signature]</i> Deputy Registrar				24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>June 9, 1978</b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I		(a) <b>Complete Bowel Obstruction</b>		Interval between onset and death <b>1 mo.</b>	
		(b) <b>metastatic Colon Carcinoma</b>		Interval between onset and death <b>9 mo 3</b>	
		(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				26. AUTOPSY (Specify Yes or No) <b>No</b>	
				27. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) <b>No</b>	
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY M	
28d. DESCRIBE HOW INJURY OCCURRED		28e. LOCATION		28f. STREET OR R.F.D. No. CITY OR TOWN STATE	
28g. INJURY AT WORK (Specify Yes or No)		28h. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28i. LOCATION	

SEAL

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: **APR - 1978**

482

John H. Carr, M.D.

John H. Carr, M.D.  
STATE REGISTRAR

No 003431



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

066370

SECURITY-COLUMBIAN UNITED STATES BANK NOTE CORPORATION  
EXHIBIT "A"

56961 LIBER 681 PAGE 584

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

4300-01648

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE BY: *Carole Vard* BERNICE GIANSIRACUSA, M.D. DEPUTY REGISTRAR OF VITAL STATISTICS LOCAL REGISTRAR OF VITAL STATISTICS SANTA CLARA COUNTY HEALTH DEPARTMENT March 17, 1981 SAN JOSE, CALIFORNIA CERTIFICATION FEE: \$3.00

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST <b>MARTIN</b>		1B. MIDDLE -	1C. LAST <b>KRONBERG</b>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <b>MARCH 9, 1981</b>
2B. HOUR <b>13:38</b>	3. SEX <b>M</b>	4. RACE <b>Cauc</b>	5. ETHNICITY	6. DATE OF BIRTH <b>Jan. 1, 1911</b>	7. AGE <b>70</b>
IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HOURS HOURS	IF UNDER 24 HOURS MINUTES		
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>Texas</b>		9. NAME AND BIRTHPLACE OF FATHER <b>Albert Kronberg- Hungary</b>			10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>Rose Weiss-Hungary</b>
11. CITIZEN OF WHAT COUNTRY <b>USA</b>		12. SOCIAL SECURITY NUMBER <b>N/r</b>	13. MARITAL STATUS <b>Widowed</b>		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) -
15. PRIMARY OCCUPATION <b>Pilot</b>		16. NUMBER OF YEARS THIS OCCUPATION <b>56</b>	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>Carson City Airport</b>		18. KIND OF INDUSTRY OR BUSINESS <b>Avation</b>
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>3759 Highway 50 East</b>			19B.	19C. CITY OR TOWN <b>Carson City</b>	
19D. COUNTY <b>Ormsby</b>		19E. STATE <b>Nevada</b>	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Melodie K. Harrison (Dau) 3759 Highway 50 East Carson City, Nevada</b>		
21A. PLACE OF DEATH <b>STANFORD UNIVERSITY HOSPITAL</b>		21B. COUNTY <b>SANTA CLARA</b>			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>300 PASTEUR DR.</b>		21D. CITY OR TOWN <b>STANFORD</b>			
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)					
IMMEDIATE CAUSE					
A. CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.	B. CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.	C. CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?
✓ (A) <b>CANDIDA / Diphtheroids</b> → <b>Sepsis</b>	✓ (B) <b>LEUKOPENIA</b>	✓ (C) <b>ACUTE Myelogenous Leukemia</b>	✓ 1 WEEK	NO	NO
			✓ 11 days		
			✓ 4 WEEKS		NO
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <b>RENAL FAILURE</b>			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION <b>NO</b>		
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>M. Sanchez M.D.</i>		28C. DATE SIGNED <b>3-9-81</b>	28D. PHYSICIAN'S LICENSE NUMBER <b>642920</b>
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) <b>1-81</b>	LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) <b>3-9-81</b>	28E. TYPE PHYSICIAN'S NAME AND ADDRESS <b>STANFORD HOSPITAL STANFORD, CA.</b>			
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) <b>SEAL</b>			34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)			35B. CORONER—SIGNATURE AND DEGREE OR TITLE <b>56961</b>		35C. DATE SIGNED
36. DISPOSITION <b>burial</b>	37. DATE—MONTH, DAY, YEAR <b>3/11/81</b>	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>Hebrew Cemetery Reno, Nevada</b>		39. ENBALMER'S LICENSE NUMBER AND SIGNATURE <b>Not Embalmed</b>	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Waltons Funeral Home, Reno,</b>		41. LOCAL REGISTRAR'S SIGNATURE <i>B. Giansiracusa</i>		42. DATE ACCEPTED BY LOCAL REGISTRAR <b>3-9-81</b>	
STATE REGISTRAR	A.	B.	C.	D.	EXHIBIT "B"
					BOOK <b>200</b> PAGE <b>482</b> LIBER <b>681</b> PAGE <b>585</b>



REQUESTED BY

*Allison Brunetti*  
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MARIE A. RABEL  
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*Carroll Hart* 56961  
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