

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

INES M. KITCHING, being first duly sworn, deposes and says:

That ALEXANDER S. KITCHING, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as ALEXANDER S. KITCHING, named as one of the parties in that certain Grant Deed dated August 14, 1974, executed by STONE AND YOUNGBERG, A PARTNERSHIP by DAVID E. HARTLEY, a partner, to ALEXANDER S. KITCHING and INES M. KITCHING as joint tenants, recorded as Instrument No. 74894 on August 21, 1974 in Book 874, Page 660 of Official Records of Douglas County, State of Nevada, covering the following described property situated in the County of Douglas State of Nevada:

Lot 79, as shown on the Map of Skyland Subdivision No. 2, filed in the Office of the County Recorder of Douglas County, State of Nevada, on July 22, 1959, Document No. 14668.

Together with all beach rights as contained in Deed to Skyland Water Company, recorded February 5, 1960, in Book, Page 268, Document No. 15573 of Official Records of Douglas County, State of Nevada.

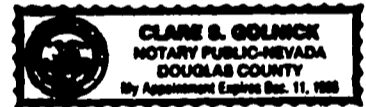
Dated: June 6, 1985

Ines M. Kitching
INES M. KITCHING

SUBSCRIBED and SWORN to before me, the undersigned, a Notary Public in and for said State, this 6th day of June, 1985.

WITNESS my hand and official seal.

Signature Clare Golnick



WHEN RECORDED MAIL TO:

CLARE GOLNICK
P.O. Box 11399
Zephyr Cove, NV 89448

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

ROLL 58 IMAGE 695

892

LOCAL FILE NUMBER

STATE FILE NUMBER

| | | | | | | | |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------|
| TYPE OR PRINT IN PERMANENT BLACK INK | DECEASED—NAME First Middle Last Alexander S. KITCHING | | | DATE OF DEATH (Month, Day, Year) May 18, 1985 | | COUNTY OF DEATH Washoe | |
| | CITY, TOWN, OR LOCATION OF DEATH Reno | | HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) Washoe Medical Center | | INSIDE CITY LIMITS (Specify Yes or No) Yes | | If Hosp. or Inst. indicate DOA, OP/Emor. (Specify Yes or No) Inpatient |
| | RACE—(e.g. White, Black, American Indian, etc) (Specify) White | | ETHNIC English | AGE—Last Birthday (Years) 76 | UNDER 1 YEAR MO : DAYS MO : DAYS | UNDER 1 DAY HOURS : MINS HOURS : MINS | DATE OF BIRTH (Mo., Day, Yr.) April 20, 1909 |
| IF BIRTH OCCURRED IN HOSPITAL SET HANDBOOK REGARDING COMPLETION OF RESOURCES ITEMS | STATE OF BIRTH (If not U.S.A., name country) England | | CITIZEN OF WHAT COUNTRY U.S.A. | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | SURVIVING SPOUSE (If wife, give maiden name) Ines M. Kennedy |
| | SOCIAL SECURITY NUMBER 3863 | | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Certified Gemologist | | KIND OF BUSINESS OR INDUSTRY Jewelry | | WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes |
| | RESIDENCE—STATE Nevada | | COUNTY Douglas | CITY, TOWN, OR LOCATION Zephyr Cove | | STREET AND NUMBER 183 Myron Drive | |
| PARENTS | FATHER—NAME First Middle Last Thomas Henry Kitching | | | MOTHER—MAIDEN NAME First Middle Last Margaret | | | |
| | INFORMANT—NAME (Type or Print) Ines Kitching | | | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 1852, Zephyr Cove, NV 89448 | | |
| DISPOSITION | BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial | | CEMETERY OR CREMATORY—NAME Hollywood Hills Forest Lawn | | LOCATION City or Town State Los Angeles, California | | |
| | FUNERAL HOME (List) —SALVAGE LINE (If Paying Agency See 20a) Ross Burke & Knobel Mortuary | | NAME AND ADDRESS OF FACILITY 2155 Kietzke Lane, Reno, NV 89502 | | | | |
| CERTIFIER | 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) DAS Spring MD | | | 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) DAS Spring MD | | | |
| | DATE SIGNED (Mo., Day, Yr.) 5-20-85 | | HOUR OF DEATH 2335 | | DATE SIGNED (Mo., Day, Yr.) | | HOUR OF DEATH |
| | NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Donald A. Spring | | | | PRONOUNCED DEAD (Mo., Day, Yr.) | | PRONOUNCED DEAD (Hour) |
| | 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) Donald A. Spring, M. D., 900 Ryland Street, Reno, Nevada 89502 | | | | 22d. ON | | 22e. AT |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | REGISTRAR 24a. (Signature) Richard Sheen Dep. | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) May 20, 1985 | | DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | | | | |
| | PART I | (a) Cardiorespiratory arrest DUE TO, OR AS A CONSEQUENCE OF | | Interval between onset and death Hours | | | |
| | (b) Acute myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF | | Interval between onset and death 6 Days | | | | |
| | (c) Atherosclerotic Heart Disease | | Interval between onset and death 10 years | | | | |
| PART II | OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Acute Myocardial Infarction / Shock | | | | AUTOPSY (Specify Yes or No) 26. No | | |
| | WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No | | | | | | |
| ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) | DATE OF INJURY (Mo., Day, Yr.) | | HOUR OF INJURY | | DESCRIBE HOW INJURY OCCURRED | | |
| INJURY AT WORK (Specify Yes or No) | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | | LOCATION | | STREET OR R.F.D. No. CITY OR TOWN STATE | | |

VITAL RECORDS 118312 No 50284
 BOOK 685 PAGE 449

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UNRECORDED COPY WAS DERIVED FROM THE VITAL STATISTICS RECORDS OF THE WASHOE COUNTY DISTRICT HEALTH DEPARTMENT, RENO, WASHOE COUNTY, NEVADA

SEAL

ON **MAY 24 1985**

W. J. ...

REGISTRAR/VITAL STATISTICS

BY *[Signature]*

DEPUTY REGISTRAR

THIS COPY IS REPRODUCED PHOTOGRAPHICALLY FROM MICROFILM RECORDS AND MAY IN TIME CHANGE IN COLOR OR APPEARANCE

REQUESTED BY *Clare Belwik*
IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

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SUZANNE BEAUDREAU
RECORDER

\$ 7.00 PAID *Ch* DEPUTY

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