

# AFFIDAVIT—DEATH OF A JOINT TENANT

STATE OF NEVADA.

County of CARSON CITY

ss.

RACHEL P. KILTY

, of legal age, being duly sworn, deposes and says

That GILBERT F. KILTY

, the decedent mentioned in the attached certified

copy of the Certificate of Death, is the same person as GILBERT F. KILTY

named as one of the parties in that certain DEED dated Jan 4, 1977

executed by M. Gary Indiano and Sally L. Indiano

to Gilbert F. Kilty and Rachel P. Kilty, husband and wife

, as joint tenants, recorded as Instrument No. 65991, on Jan. 7, 1977, in

Book 177, Page 262, of Official Records of Douglas

County, Nevada, covering the following described property situated in the

Douglas County of Douglas, State of Nevada.

The South 198 feet of the East 1/2 of the Southwest 1/4 of the Northeast 1/4 of the Southeast 1/4, Section 1, Township 14 North, Range 19 East, M. D. B. & M.,

Excepting therefrom all mineral deposits

Dated June 30, 1989

*Rachel P Kilty*

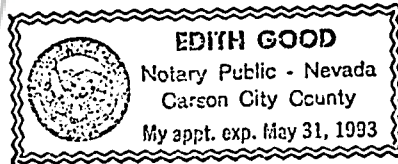
Rachel P. Kilty

SUBSCRIBED AND SWORN TO BEFORE ME THIS 30th day of

July, 1989

*Edith Good*

Notary Public in and for said State



Title Order No. \_\_\_\_\_

Escrow or Loan No. DO-15094-RKT

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name Rachel Kilty  
Street 1962 I Street  
Address  
City & Carson City, NV 89706  
State

210296

BOOK 989 PAGE 573

# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS  
Reno, Nevada

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

ROLL 67 IMAGE 954

552

	LOCAL FILE NUMBER	STATE FILE NUMBER		
TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
	1. Gilbert F. KILTY		2. March 26, 1989	
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
	3b. Reno		3c. Washoe Medical Center	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
	5. White		6.	
FATHER'S	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
	16. Michael Eugene Kilty		17. Cecilia Brennan	
DISPOSITION	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
	18a. Rachel Kilty		18b. 3655 Cindy's Trail Carson City, Nevada 89705	
CERTIFIER	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
	19a. Burial		19b. Walton Carson Gardens	
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting in S. E.H.)		FUNERAL DIRECTOR LICENSE NUMBER	
	20a. <i>[Signature]</i>		20b. 16	
REGISTRAR	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
	23a. F. Roy MacKintosh, M. D., 781 Mill Street, Reno, NV. 89502		23b. 4302	
CAUSE OF DEATH	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
	24a. <i>[Signature]</i> Dep		24b. March 27, 1989	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		DEATH DUE TO COMMUNICABLE DISEASE	
	PART I (a) <i>Spontaneous cardiac</i>		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	(b) <i>myocardial infarction with metastases</i>		Interval between onset and death	
	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death	
CAUSE OF DEATH	AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
	26. No		27. No	
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
	28a.		28b.	
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
	28e.		28f.	
CAUSE OF DEATH	HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
	28c. M		28d.	
CAUSE OF DEATH	LOCATION.		STREET OR R.F.D. No.	
	28g.		CITY OR TOWN STATE	

STATE REGISTRAR **210296** No.004662  
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This is to certify that the above is a true and legal copy of the certificate on file in this office.

**WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT**

PROXY

No 329934

THIS CERTIFIED COPY WAS REPRODUCED FROM THE VITAL STATISTICS RECORDS OF THE WASHOE COUNTY DISTRICT HEALTH DEPARTMENT, RENO, WASHOE COUNTY, NEVADA

ON MAR 3 0 1989

SEAL

REGISTRAR-VITAL STATISTICS

*Christie Holt*  
DEPUTY REGISTRAR

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

REQUESTED BY  
Northern Nevada Title Company  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'89 SEP -6 P2:17

SUZANNE BEAUDREAU  
RECORDER

210296

\$ 7<sup>00</sup> PAID K12 DEPUTY

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