See Above

AFFIDAVIT - DEATH OF JOINT TENANT

| STATE OF Nevada |
|--|
| COUNTY OF Douglas |
| |
| RUTH E. KOLBE , being of legal age, |
| and being first duly sworn, deposes and says, that |
| ALBERT J. KOLBE |
| the decedent mentioned in the attached certified copy of Certificate |
| of Death, is the same person asALBERT_I_KOLBE |
| named as one of the parties in that certain |
| Joint Tenancy Deed , dated February 11, 1974 |
| executed by Joe Schumaker |
| to Albert J. Kolbe and Ruth E. Kolbe, huband and wife |
| as joint tenants, recorded as Instrument No. 71993 , on |
| February 20, 1974 , in Book 274 , Page 688 , |
| of Official Records of Douglas County, State of |
| Nevada, covering the following described |
| property situated in the County of Douglas , State of |
| Nevada , as follows: |
| , as follows: |
| Assessment Parcel No. 13-200-22 |
| Being a portion of the North 1/2 of Lot 1 (Northeast 1/4 of Northwest 1/4) of Section 19, Township 14 North, Range 20 East, |
| M.D.B.&M. |
| Parcel No. 1, as set forth on that certain Parcel Map for Albert and Ruth Kolbe, filed for record in the office of the County Recorder |
| of Douglas County, Nevada on April 18, 1978 as Document No. 19732. |
| Dated this 31st day of August , 1990. |
| Right Extle |
| STATE OF Nevada) Buth E. KOLBE |
|) ss. COUNTY OF Douglas) |
| On <u>August 31, 1990</u> , personally appeared |
| before me, a Notary Public, Ruth E. Kolbe |
| personally known or proved to me to be the persons whose names are subscribed to the above |
| instrument who acknowledged that they executed |
| the same for the purposes therein stated. |
| Notary Public Official Seal |
| ROBIN MOORE NOTARY PUBLIC - STATE OF NEVADA |
| WHEN RECORDED, MAIL TO: My commission expires Feb. 28, 1994 |



STATIE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS



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

CERTIFICATE OF DEATH

| j | | | CERTIFICATE | OF DEAT | Н | -1 | | |
|--|--|--|---|-----------------------------|--|--|--|------------------------|
| TUDE | LOCAL FILE NUMBER | | | | | / | STATE FILE NUM | |
| TYPE OR PRINT | DECEASED-NAME First | Middle | ddle Last DA | | | , Day, Year) | COUNTY OF DEATH | |
| IN PERMANENT BLACK INK | 1 Albert CITY, TOWN, OR LOCATION OF DEATH | J. | KOLBE INSTITUTION—Name (If not e | | March 1, | 1990 sp. or Inst. indicate apatient (Specify) | | son City |
| | 3b Carson City | ₃ Carson | -Tahoe Hospita | 1 | 3e. | Inpati | ent. | 4 Male |
| DECEDENT | RACE—(e.g., White, Black, American Indian, etc) (Specify) | as Decedent of Hispanic Original Puerto Puer | in? Specify Tilyes X no If yes. | AGE—Last Birthday (Years | UNDER 1 YEAR MOS : DAYS | HOURS MIN | DATE OF BIRTH (| Mo., Day, Yr.) |
| | 5 White 6 | | | ^{7a} 82 | 7b. | 7c. : | | 9, 1908 |
| JE CEATH OCCUPATED IN NETTUTION | STATE OF BIRTH (If not U.S.A., name country) 9a Minnesota | 9b U.S.A. | Decedent's Education Sp grade completed. | #17 | WARRIED, NEVER MAP WIDOWED, DIVORCED Specify) Marrie | The state of the s | Ruth Elf | MIC. Give maiden namei |
| NSTITUTION SEE HANGBOOK PEGAPONG | SOCIAL SECURITY NUMBER | | e Kind of Work Done During Mc | | KIND OF BUSINESS C | | KUON BILL | OUI UIII |
| COMPLETION OF RESIDENCE ITEMS | 13 -4119 | 14a Plumber | Torry, rown, on Locatics | | 14b. Heat | ting/Plum | | OTY EIMITS |
| اح ا | RESIDENCE STATE COUNT 15a Nevada 15b | Douglas | 15c Minder | | The same of the sa | Powers | (Specily | Yes or No) |
| | FATHER—NAME FIRST | Middle | | HER-MAIDEN | | | idale | Last |
| PARENTS | 16 Henry | | Kolbe 17 | | Mary (Street or R.F.D. No | C T C. | E | Blatz |
| | INFORMANT—NAME (Type or Print) | | | | | • | 31e, Zip) | \ / |
| (| BURIAL CREMATION REMOVAL OTHER | (Specify) CEMETER | 18b. Rt. 3, | Box 385 | 5. Minden, | | 89423 lity or Town | State |
| O DO DOUTION | 19a Cremation | 196 | FitzHenry's Cr | ematory | 7 19c. | Carson | Citv | Nevada |
| DISPOSITION | FUNERAL DIRECTOR—GONATURE (Or Person Acting as Son) | FUNERAL | DIRECTOR NAME AND ADD | | | | eral Home | |
| l | 20a. > /My /1/2 | | 36 ^{20c} Crema | | 2.0. Box 1 | 775, Cars | son City. | NV 89702 |
| ſ | 21a To the best of my mowledge did | car occurred at the time dat | e and place and | 223 | On the basis of examinat the time, date and p | nation and/or invest place and due to the | igation, in my opinion of cause(s) and manner | death occurred stated. |
| | (Signature and Title) | Callo | 5 | | nature and Title) | | | |
| | DATE SIGNED (Mo. Day, Yr) | FOUR OF DE | 1 | DA1 | TE SIGNED (Mo., Day, 1 | 1 | UR OF DEATH | |
| CERTIFIER | SE 216 March 1, 1 | | 255 | | NOUNCED DEAD (Mo | 220 Day Vol. 188 | ONOUNCED DEAD (H | louet |
| | due to the puscess states due to the puscess states (S-gnature and Title) DATE SIGNED (Mo. Day, Y/) BALL SOLUTION AND March 1, 1 NAME OF ATTENDING PHYSIC | JAN IF OTHER THAN CERTS | FIER (Type of Print) | | DNOONCED BEAD (MO | . Day. 11.7 | ONOBNOED DEAD (F | <i>561</i>) |
| | NAME AND ADDRESS OF CER | ITIFIER (PHYSICIAN, ATTEN | DING PHYSICIAN, MEDICAL E | | ON ORONER) (Type or Pri | | LICENSE NUM | BER |
| Į | 23a C. Soong, M | | \ \ | \ . | | | 33b #271 | 7 |
| CONDITIONS | REGISTRAR | .D., 710 W. | DATE RECEIV | ED BY REGISTA | AR (Mo. Day, Yr.) DE | ATH DUE TO COM | 03 ²³⁶ #271 IMUNICABLE DISEAS | |
| IF ANY WHICH GAVE | 24a (Signature) | n Jaugh | 240/Rd | red. 1 | 1990 24 | c. YES [] 1 | 10 [] | |
| RISE TO IMMEDIATE CAUSE STATING THE | 1A . L _(| Y ONE CAUSE PERLINE FO | OR (a), (b). AND (c)) | 1 | hana | | Interval between | enset and death |
| UNDERLYING CAUSE LAST | PART (a) NETASTA | | 27000 10 | | some. | • | Interval between | onset and death |
| | 100 lonkun | on pom | my / | / | | | | |
| 7 | DUE TO, OR AS A CONSEC | DUENCE OF | | | | | • Interval between | onset and death |
| CAUSE OF | (c) | | | | | | · I ···· · · · · · · · · · · · · · · · | 0050.70 |
| DEATH | PART DE SIGNIFICANT CONDITIO | zii (w sac | / 0 | rice of | ` | Yes or N | O) CORONER (Speci | ly Yes or No) |
| | ACC . SUICIDE. HOM . UNDET . DATE O | FILLURY (LU. CAY. YE) HOL | | IBE HOW INJUR | | no | 27. no | |
| \ \ | OR PENDING INVEST (Specify) 28a 28b | 28c. | M 28d. | | | | | |
| \ | INJURY AT WORK PLACE | OF INJURY—At home, farm, s bulong, etc. (So | | ON. | STREET OR R F.D. NO | City | OR TOWN ST | ATE |
| \ I | (Specify Yes or No) 28e. 28f. | 504CAS), etc. (Sp | 28g | | \$1 | FAT | | |
| 1 | 2 | 22815 | | | , | NI. | .0145 | 8.6 |
| 1 | 500K 89 | 33815 0 PAGE 5567 | STATE REGIS | TRAR | | 143 | さってもつい | J |
| di All | This is to certify the | nat the above is a tr | ue and correct copy | Bý: | 726 6 | ملاهر از مراسط داند از مراسط از از | , (2) (2) (4) (4) | 'Warrange |
| STATE OF THE PARTY | | n file in this office. | . • | | الأراق الما | دم المنا المنا | The state of the s | |
| 9. T | Date Issued: | MAR 1 199 | 0 | 1 | Deputy | Registrar | [] ~ ; | * 1:1:11 .co |
| | TA AUTOM | | | •)• 20 | (6. • x• m) (6. | *] [(| 至 。 | |
| 明月期 | A STANKE COMMENT | 5)) 3 3 die 6 6 (6 | (2) 3 3 46 E E !!! | 39.5 55 | | 200 6- | | |
| War Com | | ARNING: IT IS ILL | GAL TO ALTER OR | COPY THIS | DOCUMENT! | # 10 m | | |
| THE PARTY OF | | Seekalli, was most | A STANDARD TO THE WAY | 3 m. 100 , 10 | or morning with | W. B. B. William | | |



90 AUG 31 P4:48

SUZANNE BEAUDREAU
RECORDER
233815

SPAND K17 DEPUTY
BOOK 890 PAGE 5568