

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF MONTANA )  
 : ss.  
County of Ravalli )

CAROLA B. KRONFOTH, also known as Carola Kronfoth, first being under oath, states as follows:

1. I was married to WALTER KRONFOTH, who may also be known as WALTER G. KRONFOTH. We owned certain real property as joint tenants with the rights of survivorship, described as follows:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 824, as shown on the Map of GARDNERVILLE RANCHOS UNIT NO. 7, filed in the office of the Recorder of Douglas County, Nevada on March 27, 1974, in Book 374, page 676, Document No. 72456, Official Records.

Assessor's Parcel No. 29-374-08

and:

All that certain lot, piece, or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

PARCEL 1

Lots 324 and 331, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the Office of the County Recorder for Douglas County, Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512.

PARCEL 2

Lot 408, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on March 27, 1974, in Book 374, Page 676, as Document No. 72456.

2. Walter Kronfoth died on the 18th day of October, 1991, in Ravalli County, Montana. A certified copy of the death certificate is attached hereto and incorporated herein by reference.

3. I submit this Affidavit of the Death of a Joint Tenant in

order to terminate the joint tenancy interest between myself and Walter Kronfoth on the above described real property. I am known as Carola Kronfoth, and am also known as Carola B. Kronfoth.

4. No I.R.S. form 706 was or has been filed as the value of the decedent's gross estate is less than \$600,000.

Dated this 19 day of March, 1992.

Carola Kronfoth  
Carola Kronfoth

STATE OF MONTANA     )  
                                  : ss.  
County of Ravalli     )

On this 19 day of March, 1992, before me, a Notary for the State of Montana, personally appeared Carola Kronfoth, also known as Carola B. Kronfoth, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

Judith A. Harvey  
Notary for Montana  
Residing at Stevensville  
My commission expires: 9-9-93

(SEAL)

**SEAL**

276399

BOOK 492 PAGE 3479

DATE: March 18, 1992

STATE OF MONTANA )  
COUNTY OF RAVALLI ) ss

THIS IS TO CERTIFY THAT THE BELOW DOCUMENT IS A TRUE AND CORRECT COPY OF THE INFORMATION SHOWN ON THE DUPLICATE Death RECORD ON FILE IN THIS OFFICE.

Signed Betty J. Gund  
CLERK & RECORDER  
By Corinne A. Vahl  
DEPUTY



FORM V.S. 3 (1988 revision)

MONTANA  
CERTIFICATE OF DEATH

11836  
Filed on November 4, 1991  
By Betty J. Gund  
County Clerk and Recorder  
Deputy  
Corinne A. Vahl

Local File Number		State File Number	
1 DECEDENT'S NAME (First) <b>Walter</b>		(Middle) <b>Gunter Gerhard Kronfoth</b>	
(Last)		SEX <b>male</b>	DATE OF DEATH (Month, Day, Year) <b>October 18, 1991</b>
RACE - American Indian, Black White, etc. (Specify) <b>white</b>	AGE - Last Birthday (Years) <b>61</b>	UNDER 1 YEAR Months Days	UNDER 1 DAY Hours Minutes
4	5a	5b	5c
DATE OF BIRTH (Month, Day, Year) <b>February 4, 1930</b>		COUNTY OF DEATH <b>Ravalli</b>	
7b PLACE OF DEATH (Check only one)		7d	
HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
FACILITY NAME (If not institution, give street and number) <b>344 Sharrott Hill Loop</b>		CITY, TOWN, OR LOCATION OF DEATH <b>Stevensville</b>	
7c		7d	
BIRTHPLACE (City and State or Foreign Country) <b>Greifswald, Germany</b>		MARITAL STATUS <b>Married</b>	SURVIVING SPOUSE (If wife, give maiden surname) <b>Carola Oehlmann</b>
8		9 <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced	10
SOCIAL SECURITY NUMBER <b>6754</b>		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Fine Mechanic</b>	KIND OF BUSINESS/INDUSTRY <b>Auto Mechanic</b>
11		12a	12b
RESIDENCE - STATE <b>Montana</b>		COUNTY <b>Ravalli</b>	CITY, TOWN, OR LOCATION <b>Stevensville</b>
14a		14b	14c
STREET NUMBER <b>344 Sharrott Hill Loop</b>		14d	
INSIDE CITY LIMITS? (Yes or no) <b>no</b>	ZIP CODE <b>59870</b>	ANCESTRY - Mexican, Puerto Rican, Cuban, African, English, Irish, German, Hmong, etc. (Specify) <b>German</b>	
14e		15	
16 DECEDENT'S EDUCATION (Specify only highest grade completed)		13	
Elementary/Secondary (0-12) <b>1-10</b>		College (1-4 or 5+)	
16		13	
PARENTS		MOTHER'S NAME (First, Middle, Maiden Surname) <b>Erna Jager</b>	
17 FATHER'S NAME (First, Middle, Last) <b>Otto Kronfoth</b>		18	
INFORMANT		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>323 N 2nd, Hamilton, MT 59840</b>	
19a Informant's Name (Type/Print) <b>Carola O. Kronfoth</b>		19b	
METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		LOCATION - City or Town, State <b>Daly-Leach Crematory - Hamilton, MT</b>	
20a		20c	
SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION <b>S. Dan White</b>		MONTANA LICENSE NUMBER (of Licensee) <b>#251</b>	NAME AND ADDRESS OF FACILITY <b>Whitesitt Funeral Home Box 12, Stevensville, MT 5987</b>
21a		21b	22
CAUSE OF DEATH		23 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (See instructions on other side)	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Approximate Interval Between Onset and Death	
a <b>Respiratory Failure</b>		<b>minutes</b>	
DUE TO (OR AS A CONSEQUENCE OF)			
b <b>Ingestion of Sleeping Pills and alcohol</b>		<b>Hours</b>	
DUE TO (OR AS A CONSEQUENCE OF)			
c			
DUE TO (OR AS A CONSEQUENCE OF)			
d			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Decedent's wife had left him one month prior</b>		24a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>no</b>	
		24b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
		25 <b>yes</b>	
26 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide		DATE OF INJURY (Month, Day, Year) <b>27a</b>	TIME OF INJURY <b>27b</b>
		INJURY AT WORK? (Yes or no) <b>27c</b>	DESCRIBE HOW INJURY OCCURRED <b>27d</b>
		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <b>27e</b>	LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>344 Sharrott Hill Loop Stevensville, MT 59870</b>
		27f	
28a TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		29a TO BE COMPLETED BY CORONER ONLY 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) and manner as stated	
(Signature and Title)		(Signature and Title) <b>Del P. Crawford, Deputy Cor</b>	
DATE SIGNED (Month, Day, Year)		HOUR OF DEATH	DATE SIGNED (Month, Day, Year)
28b		28c <b>M</b>	29b <b>Oct 25, 1991</b>
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		DATE PRONOUNCED DEAD (Month, Day, Year)	PRONOUNCED DEAD (Hour)
28d		29d <b>Oct 19, 1991</b>	29e <b>10:05 A M</b>
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print)		30 <b>Del P. Crawford, Deputy Coroner, Courthouse-Box 5022, Hamilton, MT 59840</b>	
REGISTRAR		DATE FILED (Month, Day, Year)	
31a <b>Betty J. Gund</b>		31b <b>October 30, 1991</b>	

COPY

REQUESTED BY

Judith Louisa  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

92 APR 20 AM 1:16

SUZANNE BEAUDREAU  
RECORDER

276399

\$ 8.00 PAID KJ

DEPUTY

BOOK 492 PAGE 3481