

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA )

COUNTY OF DOUGLAS )

ALBERT M. WITBECK, being of legal age, and being first duly sworn, deposes and says, that \_\_\_\_\_

the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARGARET A. WITBECK named as one of the parties in that certain GRANT, BARGAIN, AND SALE DEED, dated AUGUST 22, 1994

executed by STEPHEN G. KRALJ to ALBERT M. WITBECK AND MARGARET A. WITBECK, HUSBAND AND WIFE as joint tenants, recorded as Instrument No. 345552, on SEPTEMBER 6, 1994, in Book 994, Page 649, of Official Records of DOUGLAS County, State of NEVADA, covering the property situate in the County of DOUGLAS, State of NEVADA, described as follows:

LOT 35, AS SHOWN ON THE MAP OF RIDGEVIEW ESTATES NO. 1, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON DECEMBER 12, 1972, AS FILE NO. 63503.

APN 13-164-23

**THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY, EXPRESSED OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY OR SUFFICIENCY NOR AS TO ITS EFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.**

Dated this 12 day of SEPTEMBER, 1995

STEWART TITLE OF DOUGLAS COUNTY

Albert M. Witbeck  
ALBERT M. WITBECK

STATE OF NEVADA )

COUNTY OF DOUGLAS )

On SEPTEMBER 12, 1995, personally appeared before me, the undersigned Notary Public, ALBERT M. WITBECK



personally known (or proved to be on the basis of satisfactory evidence) to be the person whose name is subscribed to the above instrument who acknowledged that he executed the same for the purposes therein stated.

Patricia Lucy Michitarian  
Notary Public

WHEN RECORDED, MAIL TO:

ALBERT M. WITBECK  
3412 TOURMALINE DRIVE  
CARSON CITY, NV. 89705

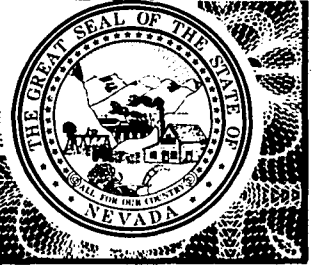
**370736**  
**BK0995PG2754**

# STATE 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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		STATE FILE NUMBER			
	DECEASED - NAME - First Middle Last <b>Margaret Ann WITBECK</b>		DATE OF DEATH (Month, Day, Year) <b>2 August 11, 1995</b>	COUNTY OF DEATH <b>Carson City</b>		
	CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>	HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) <b>Carson-Tahoe Hospital</b>	If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	SEX <b>Female</b>		
	RACE - (e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE - Last Birthday (Years) <b>72</b>	UNDER 1 YEAR MOS. DAYS HOURS MINS <b>7c</b>		
	DATE OF BIRTH (Mo., Day, Yr.) <b>Sept. 8, 1922</b>	STATE OF BIRTH (If not U.S.A., name country) <b>Canada</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	Decedent's Education - Specify highest grade completed <b>12</b>		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER <b>3707</b>		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Homemaker</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	SURVIVING SPOUSE (If wife, give maiden name) <b>Albert M. Witbeck</b>	
	RESIDENCE - STATE <b>Nevada</b>		COUNTY <b>Douglas</b>	CITY, TOWN, OR LOCATION <b>Carson City</b>	STREET AND NUMBER <b>3412 Tourmaline</b>	INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
	FATHER - NAME - First Middle Last <b>Andy Andersen</b>		MOTHER - MAIDEN NAME - First Middle Last <b>Jessie Harriett Black</b>		INFORMANT - NAME (Type or Print) <b>Albert M. Witbeck</b>	
	Mailing Address <b>3412 Tourmaline Dr., Carson City, Nevada 89705</b>		BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>	
	LOCATION <b>Reno, Nevada</b>		FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER <b>74</b>	
PARENTS	NAME AND ADDRESS OF FACILITY <b>Walton's Chapel of the Valley 1281 N. Roop St., Carson City, Nevada 89706</b>		To be completed by CERTIFYING PHYSICIAN 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>William O'Shaughnessy</i> DATE SIGNED (Mo., Day, Yr.) <b>8/11/95</b> HOUR OF DEATH <b>0435</b> NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>William O'Shaughnessy, M. D., 911 Mountain St., Carson City, Nv.</b>		To be completed by Coroner's Office 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) and manner stated. (Signature and Title) _____ DATE SIGNED (Mo., Day, Yr.) _____ HOUR OF DEATH _____ PRONOUNCED DEAD (Mo., Day, Yr.) _____ PRONOUNCED DEAD (Hour) _____ 22d. ON _____ 22e. AT _____	
	REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>August 14, 1995</b>		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) <b>Breast cancer metastatic to lung</b> DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death <b>month</b>		Interval between onset and death	
	(b) _____ DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		Interval between onset and death	
	(c) _____ DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		Interval between onset and death	
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I <b>Anemia</b>		AUTOPSY (Specify Yes or No) <b>No</b>		WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
	ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.		
	INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE	
	This is to certify that the above is a true and correct copy of the certificate on file in this office.					
	Date Issued: <b>AUG 14 1995</b>		By: <i>[Signature]</i> <b>Deputy Registrar</b>		No. <b>85187</b>	



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0995 PG 2755 370736

COPY

REQUESTED BY  
**STEWART TITLE OF DOUGLAS COUNTY**

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'95 SEP 19 A10:38

**370736**  
**BK0995PG2756**

LINDA SLATER  
RECORDER  
\$ 9.00 PAID By DEPUTY