

AFFIDAVIT - DEATH OF JOINT TENANT

ACCOM1045

STATE OF NEVADA)

COUNTY OF DOUGLAS)

ALBERT M. WITBECK, HUSBAND OF THE DECEASED, being of legal age, and being first duly sworn, deposes and says, that MARGARET ANN WITBECK WHO DIED AUGUST 11, 1995, IN CARSON CITY, DOUGLAS COUNTY, STATE OF NEVADA

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 DEED

, dated FEBRUARY 27, 1975

executed by CHARLES H. BRANSTETTER AND STEFFY BRANSTETTER,

to ALBERT M. WITBECK AND MARGARET A. WITBECK, HUSBAND AND WIFE,

as joint tenants, recorded as Instrument No. 134760, on

MAY 13, 1986, in Book 586, Page 1172,

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

APN 13-164-24

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)

) ss.

on Sept. 13, 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 th 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

370737
BK0995PG2757

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		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER				
	1. Margaret Ann WITBECK		2. August 11, 1995		3a. Carson City		COUNTY OF DEATH				
	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX				
DECEDENT	3b. Carson City		3c. Carson-Tahoe Hospital		3e. Inpatient		4. Female				
	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.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)				
	5. White		6.		7a. 72		8. Sept. 8, 1922				
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		
	9a. Canada		9b. U.S.A.		10. 12		11. Married		12. Albert M. Witbeck		
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY						
PARENTS	13. 3707		14a. Homemaker		14b. Own Home						
	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)		
	15a. Nevada		15b. Douglas		15c. Carson City		15d. 3412 Tourmaline		15e. Yes		
DISPOSITION	FATHER—NAME		MOTHER—MAIDEN NAME		INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
	16. Andy Andersen		17. Jessie Harriett Black		18a. Albert M. Witbeck		18b. 3412 Tourmaline Dr., Carson City, Nevada 89705				
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		City or Town		State		
CERTIFIER	19a. Cremation		19b. Sierra Crematory		19c. Reno, Nevada						
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY						
	20a. <i>[Signature]</i>		20b. <i>[Number]</i>		20c. 1281 N. Roop St., Carson City, Nevada 89706						
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. 8/11/95		21c. 0435		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) <i>William O'Shaughnessy</i>		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		(Signature and Title)		DATE SIGNED (Mo., Day, Yr.)		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		22d. ON		22e. AT				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. William O'Shaughnessy, M. D., 911 Mountain St., Carson City, Nv.		LICENSE NUMBER		23b. 2838						
	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	24a. (Signature) <i>[Signature]</i>		24b. August 14, 1995								
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		PART I		(a) Breast cancer metastatic to lung		Interval between onset and death		month		
	DUE TO, OR AS A CONSEQUENCE OF:		(b)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
	(c)		PART II		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	28a.		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		26. No		27. No		
	28b.		28c.		M		28d.				
	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
28e.		28f.		28g.							

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: AUG 14 1995

By:

[Signature]
Deputy Registrar

No. 85187

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'95 SEP 19 A10:40

LINDA SLATER
RECORDER

\$ 9.00 PAID JS DEPUTY

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