AFFIDAVIT - DEATH OF JOINT TENANT

WHEN RECORDED THAT.
KENNETH ROBINSON
3441 Princeton Ave.
Carson City, NV 89705 WHEN RECORDED MAIL TO

BK0998PG2081

03692GB	Garson City, NV
03036MTO STATE OF NEVADA)	
County of Carson City)	
t-	
Vonnath Bohingon	, of legal age, being first
Kenneth Robinson	, of legal age, being file
duly sworn, deposes and says:	
That Ena May Robinson	, the decedent mentioned in
the attached certified copy of Certif	ficate of Death, is the same person as
Ena M. Robinson	, named as one of the parties
in that certain <u>Deed of Trust</u>	, dated <u>January 14, 1997</u>
executed by Glenn M. Robinson and Ra	andi L. Robinson
to Kenneth Robinson and Ena M. Robins	
as Joint Tenants, recorded as Documer	
Book 197, Page 1898, Douglas	, State of <u>Nevada</u>
covering the following described prop	perty situated in <u>Douglas</u> County,
State of Nevada , describ	bed as follows:
7B & 9, a Planned Unit Development, fi Recorder of Douglas County, State of N	nal Map No. 1001-8 of Sunridge Heights, Phases iled for record in the office of the County Nevada, on September 5, 1995, Book 995, Page 41 cate recorded August 14, 1996, in Book 896, Pag
APN# 21-522-04	
ALIVIT 21-322-04	
That the said decedent, Ena May Robin	nson is one of
the joint tenant grantees in that cer	ctain said Deed of Trust
	real property is vested absolutely in affiant
/	real property is vested absolutely in allian
namely Kenneth Robinson, a widower	
Dated: September 2, 1998	
	Kenne To Kobenson
	Kenneth Robinson
SUBSCRIBED AND SWORN TO before me,	
a Notary Public, this 2nd day	•
of September , 19 98	C. HAGEN
Chap	Notary Public - State of Nevada Apyxointment Recorded in Carson City
(Signature)	MY APPOINTMENT EXPIRES JAN. 5, 1999
Name Chajen	0449201
(Typed or printed)	DV () () () () () () () () () () () () ()
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DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH VITAL STATISTICS

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

Γ	-		CERTIFICATE OF	DEATH		↑ . □	
•	LOCAL FILE NUMBER	Middle	Last	DATE OF DEATH	(Month, Day, Year)	STATE FILE NUMBER COUNTY OF DEATH	
TYPE OR PRINT	DECEASED—NAME First Ena	Mav	ROBINSON	2. July 1		3a Douglas	
IN PERMANENT BLACK INK	1. CITY, TOWN OR LOCATION OF DE		HER INSTITUTION—Name (If not either,		If Hosp, or Inst, indicate Rm. Inpatient (Specify)		
			rinceton Ave.			4. Female	
DECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Origin? Specify ves- no if yes. AGE	E—Last UNDER 1	YEAR UNDER 1 DA	is I	
	5. White	6.	7a.	68 7ъ.	7c.	BDec. 31, 1929	
IF DEATH OCCURRED IN	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT CO	UN- Decedent's Education. Specify h grade completed.	ighest MARRIED, NEV WIDOWED, DIV (Specify) Ma	ORCED	SURVIVING SPOUSE (If wife, give maiden name) ,Kenneth Robinson	
INSTITUTION SEE HANDBOOK	9a. Ireland	9b. U.S.A.	10. IZ Give Kind of Work Done During Most of	11.	INESS OR INDUSTRY	12.0	
REGARDING COMPLETION OF	SOCIAL SECURITY NUMBER	Working Life Even if Re	atired) .		Home		
RESIDENCE ITEMS	DENCETERS 13. 1743. TOWN OR LOCATION STREET AND NUMBER INSIDE CITY LIMIT						
-> [5b. Douglas	15c. Carson City	15d.	3441 Prince	ton (Specify Yes or No)	
	FATHER—NAME First	Middle			First	Meharg	
PARENTS	16. William	Me	harg 17.	Elizabeth	R.F.D. No., City or Town, S		
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS			y Nev. 89705	
	BURIAL, CREMATION, REMOVAL,		TERY OR CREMATORY—NAME		LOCATION	City or Town State	
	19a. Cremation	19h F	itzHenry's Cremat	ory	19c. Carson	City, Nevada	
DISPOSITION	FUNERAL DIRECTOR—SIGNATUR. (Or Person Acting as Such)	F FUNEF	RAL DIRECTOR NAME AND ADDRESS	S OF FACILITY Fit	zHenry's Ca	rson City Nev.89702	
Ĺ	20a - Amo /						
	Z 210 To the best of my knowled due to the cause(s) state	edge, death occurred at the time,	date and place and	at the time, d	of examination and/or inve- ate and place and due to the	stigation, in my opinion death occurred he cause(s) and manner stated.	
}	(Signature and Title)	1 10	1 /200	(Signature and Title DATE SIGNED (M		OUR OF DEATH	
	DATE SIGNED (Mo., Da)		2200	S. S		2c.	
CERTIFIER	SE 21b. 7-17-1	21c.		100	76	PRONOUNCED DEAD (Hour)	
	22d, ON 22e, AT NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 89703 LICENSE NUMBER						
Ļ		McDonald, M.D.	, 710 W. Washingto	on St., Cars	YA) DEATH DUE TO CO	Z 23b. 6433	
CONDITIONS IF ANY	REGISTRAR	0110	1 1 \ 0	THEGISTRAN (MU., Day,	24c. YEST	NOK]	
WHICH GAVE RISE TO IMMEDIATE	24a. (Signature) 25, IMMEDIATE CAUSE (ENT	ER ONLY ONE CAUSE PER LIN	24b. A UL	/ 13, 111	0 1240. 1000	Interval between onset and death	
CAUSE STATING THE UNDERLYING		1 1	ailvie			Months	
CAUSE LAST	PART (a) NO (1/1 = DUE/10, Of AS A		/ /	1 -		Interval between onset and death	
	(b) Advor	10ce V 57	age bung	(onco/		: Noutus	
71	DUE TO, OR AS A	CONSEQUENCE OF:				interval between onset and death	
CAUSE OF	(c) CTHER SIGNIFICANT C	ONDITIONS—Conditions contribute	uting to death but not resulting in the unde	erlying cause given in Part	1. AUTOPSY (Spe	city WAS CASE REFERRED TO	
DEATH	PART OTHER SIGNIFICANT C	ONDITIONS COMMISSION			26. NO	27. Yes	
- 1	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY DESCRIBE H	HOW INJURY OCCURRED	<u> </u>		
\ \		28b.	28c. M 28d.				
	INJURY AT WORK pecify Yes or No)	PLACE OF INJURY—At home, Inbuilding, etc.	arm, street, factory, office LOCATION. (Specify)	STREET OR	R.F.D, No. CI	TY OR TOWN STATE	
1	3e.	281.	28g.				
\ \		//			N	o. 132588	
3	IMPERATOR OF TO	STATE	REGISTRAR				
3	LINE TAKE THE			1		$C \rho$	
3	MALINAP.			\mathcal{A}_{J}	marion,	Sylva	
		This is to certify of the certificate	that the above is a true and on file in this office.	correct copy	v t (W) both	- y w	

Date Issued:

State Registrar



A11:30

'98 SEP 11

0449201

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