## AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA
COUNTY OF CARSON CITY
RUTH C. WITTBROD , being of legal
age, and being first duly sworn, deposes and says: That
GLENN HAROLD WITTBROD , the decedent mentioned
in the attached certified copy of Certificate of Death, is the same person as
GLENN HAROLD WITTBRODnamed as one of the
parties in that certain DEED
, dated AUGUST 24, 1979 , executed by
ROBERT W. KIRK AND ELAINE J. KIRK
to GLENN H. WITTBROD AND RUTH C. WITTBROD AND ELAINE J. KIRK , as joint
tenants, recorded as Instrument No. 36510 , on SEPTEMBER 10, 1979,
in Book 979 , page 791 , 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: LOTS 3 IN BLOCK B AS SHOWN ON
D. VON STETINA  Notary Public - State of Nevada Appointment recorded in County of Douglas My Appointment Expires Feb. 05, 2000
Dated this 26 day of JULY , 1999 .
Ruch C. Wissbrod
STATE OF NEVADA ) :ss
COUNTY OF CARSON CITY )
THE ROLL 1999
On JULY 26, 1999 personally appeared before me, a Notary
Public, RUTH C. WITTBROD  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.

When recorded mail to:

RUTH C. WITTBROD 3447 CARNELIAN WAY CARSON CITY, NV 89701

This document is recorded as an ACCOMMODATION ONLY and without substity for the consideration therefor, or as to the validity or sufficiency of said instrument, or for the effect of such recording on the title of the property involved.



## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH

-VITAL STATISTICS



STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH - SECTION OF VITAL STATISTICS 0-450 CERTIFICATE OF DEATH STATE FILE NUMBER LOCAL FILE NUMBER DATE OF DEATH (Month, Day, Year) COUNTY OF DEATH TYPE DECEASED-NAME Middle OR PRINT IN Glenn Harold WITTBROD Sept. 28, 1980 Carson City HOSPITAL OR OTHER INSTITUTION--Name (If not in either, give street and number) Il Hosp or Institutionle DOA, OP/Emer. Am, Inpatient (SpecilyInpatient BLACK INK CITY, TOWN, OR LOCATION OF DEATH Carson Tahoe Hospital Carson City CEDENT HACE—(e.g., White, Black, American Indian, etc.) (Specify) AGE-Last Birthday (Years) ETHNIC DATE OF BIRTH (Mo., Day, Yr.) 5a 67 Oct. 9, White American 7 Male STATE OF BIRTH of not USA, name country) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WAS DECEDENT EVER IN SURVIVING SPOUSE (if wife, give maiden name) F DEATH CURRED IN STITUTION winower bivorcer (Specify Married U.S. ARMED FORCES? (Specify Yes or No) Illinois Ruth JACKSON HANDBOOK EGARDING SPLETION OF JENCE ITEMS SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give Kind of Work Done During Most of KIND OF BUSINESS OR INDUSTRY <del>55</del> 5916-Λ Truck Driver Transportation COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER RESIDENCE-STATE INSIDE CITY LIMITS (Specify Yes or No) Yes ibd 3447 Carnelian Way Nevada Carson City Carson City Middle MOTHER MAIDEN NAME FATRER-NAME ARENTS. WITTBROD Jack Elizabeth MUELLER INFORMANT - NAME (Type or Print) MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Mrs. Ruth WITTBROD 3447 Carnelian Way, Carson City, Nevada 89701 18b. CEMETERY OR CREMATORY-NAME BURIAL, CREMATION, REMOVAL, OTHER (Specify) LOCATION State Removal-Burial Acacia Park Crematory Chicago, Illinois OSITION FURERAL DIRECTOR -- SIGNATURE (Or Person Acting as Such NAME AND ADDRESS OF FACILITY Waltons Funeral Home 1281 N Roop St. Carson City, Nevada 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) stated. (Signature and Tille) 🥦 (Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH 0100 RTIFIER To tery CERTIF-IAN IL OTHER THAN CERTIFIER (Type or Puni) PHONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour) 22d. ON 22e. AT NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 1000 N. Division William H. Thomas MD St. Carson City, Nevada 89701 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr, REGISTRAR INDITIONS 24a (Signature) 🕨 HCH GAVE HISE TO IMEDIATE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) 25 IMMEDIATE CAUS Inferval between onset and death ATING THE IDERLYING JUSE LAST PART Mumo ALLIOPSY DICA WAS CASE REFERRED TO EXAMINER OF CORONERS Yes No ACC SUICIDE HOM, OH PENDING HAY ST (Survily) OW INJURY OCCURRED 28d STREET OR RED No. CITY OR TOWN INJURY AT WORK (Specify Yes or No LUCATION STATE PLACE OF BURRY - Al home, farm, street, factory, office building.

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

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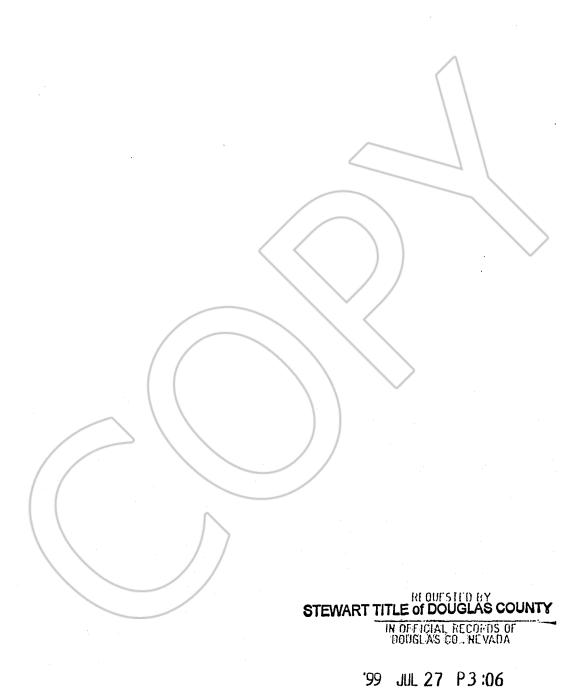
Date Issued:

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