## AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA )
COUNTY OF WASHOE )

I, Ingeborg M. White, being duly sworn, say:

I am 18 years of age or over.

I am the spouse of the decedent described in the attached certified copy of Certificate of Death.

The decedent described in the attached Certificate of Death is the same person as O. V. White, who is named as one of the parties in the deed dated August 4, 1986, executed by O. V. White and Ingeborg White to O. V. White and Ingeborg White, husband and wife as joint tenants, recorded August 11, 1986, as Document No. 138873 in Book 886 at page 1063 of the Official Records of Douglas County, Nevada, covering property situated in Douglas County, Nevada, described as follows:

Lot 101, as shown on the map of SKYLAND SUBDIVISION NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on July 22, 1959, as File no. 14668

Assessor's parcel no. 0000-05-032-140

The decedent died on October 19, 2001 at Clark County, Nevada.

Dated:

12/07/01

Ingeborg M. White

Subscribed and sworn to before me on December 7, 2001. by Ingeborg M. White.

OFFICIAL SEAL

CLARE GOLNICK

STARY PUBLIC STATE OF USAY

NOTARY PUBLIC - STATE OF MEWADA WASHOE COULT

98-1680-2

Liy Appt. Expires Jan 15, 2003

Clare Golmick
Notary Public



OFFICIAL SEAL
CLARE GOLNICK
NOTARY PUBLIC - STATE OF NEVADA
WASHOE COUNTY

98-1683-2

My Appt. Expires Jan 15, 2003

WHEN RECORDED MAIL TO:

Clare Golnick, Esq. P O Box 70940 Reno, NV 89570-0940

## DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

DECEASE	LOCAL FILE NUMBE	₽	Middle			Las	et .	In	ATE OF DEAT	I (Month D	av Yearl	STA	TE FILE N	UMBER OF DEATH
DECEASE	D— <i>NAME</i> First		Midale		Salah Salah Salah Salah	Las	3 <b>1</b>							
1.	<u> </u>		٧.		<u> </u>	HITE		2	UUUUU				За. (	lark
CITY, TOW	N OR LOCATION OF	DEATH	HOSPITAL	OR OTHER I	NSTITUTIO	N-Name (	If not either, g	ive street	and number)	Rm. Inp	or Inst. indica atient (Specif	ate DOA, OI /)	-/Emer.	SEX
	nderson		3c. St.	Rose D	omini	can He	<u>ospita</u>	1-de	<u>Lima</u>	3e.	Inpat			4 Male
RACE—(e.	g., White, Black, Amer ian, etc.) <i>(Specify)</i>	rican Wa	as Decedent of H ecify Mexican, Cu	ispanic Origin Iban, Puerto F	?Specify 🗌 Rican, etc.	yes 🂢no	If yes, AGE Birth	—Last day (Yea	rs) UNDER		HOURS • N		re of Bir	TH (Mo., Day, Yr.
	ite	6.						81	7b.	, i.	7c.	8.	Septe	mber29,
STATE OF	BIRTH A., name country)		CITIZEN OF WI	HAT COUN-	Decedent grade cor		n. Specify his	ghest	MARRIED, NE'	VER MARR	ED,	SURVIVIN	G SPOUSE	(If wife, give maid
	exas		9b. USA		10.	12			(Specify) Mar	ried		12I na	eboro	M. Ditt
	CURITY NUMBER		USUAL OCCUP			k Done Du	ring Most of		KIND OF BU		INDUSTRY	<u> </u>		
13.	8877		Working Life, Ev	er/Man					14b. Re	tail	Fuel			
RESIDENC		COUNTY		er / nan	CITY, TOV	VN, OR LO	CATION			ET AND N				E CITY LIMITS
N		455	Daualaa		45 70	n h	Covo		454	1022	Lynnu	214	1	ify Yes or No)
15a. N	evada NAME First	15b.	Douglas Middle		15c. <u>/</u> E	phyr	Cove	MAIDEN		1032 First	Lynnw	J. y Middle	15e.	NO Last
rainen	_		Mildule				WIOTHER—	WAIDEIY				Middle		
16.	Jess				<u>White</u>		17.			<u>dna</u>				<u>andrum</u>
INFORMAN	IT-NAME (Type or P	Print)			MAI	ILING ADDI	RESS		(Street or	R.F.D. No.,	City or Town	, State, Zip		
	geborg M.				18b	1.0	<u> </u>	1344	. Zeph			V 894		<u> </u>
BURIAL, C	REMATION, REMOVA	AL, OTHER	(Specify) .	CEMETERY	or cremand			vice	_	LOCAT	ION	City or To	own	State
19a. Cr	emation								al Soc	19c.	as Ve	gas	Neva	da
	DIRECTOR-SIGNAT			FUNERAL D	IRECTOR	NAME AN	ID ADDRESS	OF FAC	LITY					
20a.	Manu	aX.E	mbry	20b. 41	JIHIDEI I	NV 1	runera 983 Fr	emon	rvice-	NV Cr Las	Vegas	on or	Buri Rain/	al Soci
Z 21a.	To the trest of my kno due to the cause(s) s	owledge, de:	ath occurred at th		ind place an		200	22	On the hasis	of evamina	ion and/or in	estigation	n my onini	on death occurre
_ હુંલ				SMD				ል 🧲	at the time, d		ce and due to	the cause	s) and mar	iner stated.
To be Completed by ERTIFYING PHYSICIAN	(Signature and Title) DATE SIGNED (Mo.,			OUR OF DEAT	<u>.</u> ПН			109 ≔	gnature and Tite TE SIGNED (M		)	HOUR OF	DEATH	
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ŏ <u>Z</u> o⊱	21b. 10/26/	1	21	<u> </u>	:03PM	<u> </u>	_	8 22	-			22c.		2 41 )
TH HTH	NAME OF ATTENDIN	NG PHYSICI	IAN IF OTHER T	HAN CERTIFI	ER <i>(Type oi</i>	' Print)			RONOUNCED D	EAD (Mo.,	Day, Yr.)	PRONOU	ICED DEA	D (Hour)
. ค	21d.	•			•				d. ON			22e. AT	1	
-	NAME AND ADDRES	SS OF CERT	TIFIER (PHYSICI	AN, ATTENDI	NG PHYSIC	IAN, MEDIC	CAL EXAMINE	ER, OR C	ORONER). (Ty	pe or Print.)	•		LICENSE N	IUMBER
	<sup>23a</sup> . John B	owers	MD, 28	70 S.	Mary	and	#250.	Las	Vegas.	NV 8	9109		2360/	2/
REGISTRA	R				1100			Y REGIST	TRAR (Mo., Day		TH DUE TO	COMMUNIC	ABLE DISI	EASE
24a. (Signa	ture)	an 1	Brist	in le	sul	/ 24b.		T 3	0 2001	24c.	YES□	NO 🔯		
1	ATE CAUSE (E	ENTER ONL	Y ONE CAUSE F	PER LINE FOR	R (a), (b), Al	ND (c).)	1			-			erval betwe	en onset and de
		1			<i>(</i> 1 -	1	1			/-				
PART	DUE TO, OR AS	A CONSEC	- 1/ M	onufo	y W/	CC51		<u> </u>	/			• Int	erval betwe	en onset and de
1	7	. /		. 1		L.	1	$\sim$						
·	(b) 2 - 2 - 3 (d)			ardio	my ay	path	l /		_/_	<u> </u>		•	onial bab	
(	DUE TO, OR AS	A CONSEC	UENCE OF:		-	Marie Control	1		<			·	ervai DetWe	een onset and de
	(c)	- 56				The same	7	V						
PART	OTHER SIGNIFICAN	T CONDITIO	- A		death but	not resulting	g in the under	lying caus	se given in Part	1. AUTOP				EFERRED TO pecify Yes or No
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ACC., SUI	IG INVEST.	28b.	/	28c.		M.	28d.		1	>				
OR PENDI (Specify)		EOU.	and the second	200.				2	- 1	-				
OR PENDI	WORK	PLACE (	OF INJURY—At h	ome, farm. st	reet, factory	, office	LOCATION.		STREET OR	R.F.D. No.		ITY OR TO	WN	STATE
OR PENDI (Specify) 28a.		PLACE (	OF INJURY—At I buildii	nome, farm, st ng, etc. <i>(Spec</i>	reet, factory ify)		LOCATION. 28g.		STREET OR	R.F.D. No.	•	ITY OR TO	WN	STATE

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

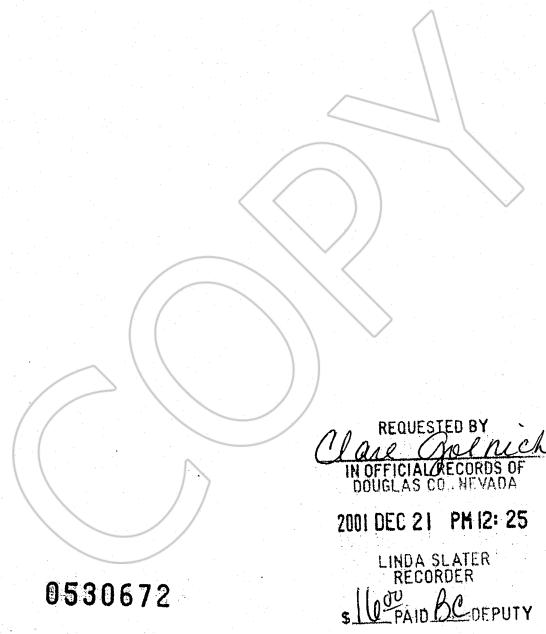
NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H. Registrar of Vital Statistics

By: Date Issued: 007 3 0 2001

CLARK COUNTY HEALTH DISTRICT 625 Shadow Lane P.O. Box 3902 Las Vegas, Nevada 89127 702-383-1223 Tax ID# 88-0151573

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