

APN: 1022-16-002-051

2004 SEP 29 PM 3: 26

**RECORDING REQUESTED BY:**  
Western Title Company, Inc.

WERNER CHRISTEN  
RECORDER

**WHEN RECORDED MAIL TO:**

\$ 17.<sup>00</sup> PAID *KJ* DEPUTY

Name ROBERT L KILBY  
Street  
Address 15206 Calle Verdad  
City,State Green Valley, CA 91390  
Zip

Order No. 00090350-201-LS

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

### AFFIDAVIT - DEATH OF JOINT TENANT

ROBERT L. KILBY, of legal age, being first duly sworn, deposes and says:

That MARY L. KILBY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARY L. KILBY named as one of the parties in that certain GRANT BARGAIN SALE DEED dated AUGUST 26, 1988 executed by ROLLAND R. LYONS AND DELLA M. LYON AND BURDETTE A. LYONS to ROBERT L. KILBY AND MARY L. KILBY as joint tenants, recorded as instrument No. 189965, on NOVEMBER 3, 1988, in Book 1188, Page 511, of Official Records of Douglas County, Nevada, covering the following described property situated in the N/A, County of Douglas, State of Nevada:

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 22, in Block J, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212.

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Affidavit – Death of Joint Tenant – Page 2

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ 0.

Dated 9/25/04

Robert Hilliard by James Hilliard ATTY in fact  
Surviving Joint Tenant

STATE OF NEVADA

} SS

COUNTY OF DOUGLAS

This instrument was acknowledged before me on 9/25/04,

by \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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STATE OF NEVADA

} s.s.

COUNTY OF DOUGLAS

On SEPTEMBER 25, 2004, before me, the undersigned, a Notary Public in and for said County and State, personally appeared LESLIE S KILBY, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, as the Attorney in fact of ROBERT L. KILBY and acknowledged to me that HE subscribed the name of ROBERT L KILBY thereto as principal own name as Attorney in fact.

WITNESS my hand and official seal.



NOTARY PUBLIC for said County and State



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# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

## VITAL STATISTICS

### Reno, Nevada

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

ROLL 114 IMAGE 884

1544

STATE FILE NUMBER

<b>TYPE OR PRINT IN PERMANENT BLACK INK</b>	DECEASED—NAME First Middle Last 1. <b>Mary Lou KILBY</b>			DATE OF DEATH (Month, Day, Year) 2. <b>June 16, 2004</b>		COUNTY OF DEATH 3a. <b>Washoe</b>			
	CITY, TOWN OR LOCATION OF DEATH 3b. <b>Reno</b>			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. <b>Washoe Medical Center</b>		If Hosp. or Inst. indicate DOA, OP/Emer. Firm, Inpatient (Specify) 3e. <b>Inpatient</b>			
<b>DECEDENT</b>	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. <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. 6.		AGE—Last Birthday (Years) 7a. <b>75</b>		UNDER 1 YEAR MOS : DAYS 7b.		
	STATE OF BIRTH (If not U.S.A., name country) 9a. <b>California</b>		CITIZEN OF WHAT COUNTRY 9b. <b>U.S.A.</b>		Decedent's Education. Specify highest grade completed. 10. <b>10</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. <b>Married</b>		
<b>IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS</b>	SOCIAL SECURITY NUMBER 13. <b>6668</b>		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. <b>Homemaker</b>		KIND OF BUSINESS OR INDUSTRY 14b. <b>Own Home</b>			SURVIVING SPOUSE (If wife, give maiden name). 12. <b>Robert L. Kilby</b>	
	RESIDENCE—STATE 15a. <b>Nevada</b>		COUNTY 15b. <b>Douglas</b>		CITY, TOWN, OR LOCATION 15c. <b>Wellington</b>		STREET AND NUMBER 15d. <b>3752 Andesite Rd</b>		INSIDE CITY LIMITS (Specify Yes or No) 15e. <b>Yes</b>
<b>PARENTS</b>	FATHER—NAME First Middle Last 16. <b>George Baumgartner</b>			MOTHER—MAIDEN NAME First Middle Last 17. <b>Janette Young</b>					
	INFORMANT—NAME (Type or Print) 18a. <b>Robert Kilby - Husband</b>				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. <b>3752 Andesite Road, Wellington, NV 89444</b>				
<b>DISPOSITION</b>	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Cremation</b>		CEMETERY OR CREMATORY—NAME 19b. <b>FitzHenry's Crematory</b>		LOCATION City of Town State 19c. <b>Carson City, Nevada</b>				
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. <b>217</b>		NAME AND ADDRESS OF FACILITY 20c. <b>FitzHenry's Funeral Home, 833 N. Edmonds Drive, Carson City, NV 89701</b>				
<b>CERTIFIER</b>	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>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) <b>6-18-2004</b>				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>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)				
	21b. <b>1041</b>		21c. <b>1041</b>		22b. <b>1041</b>		22c. <b>1041</b>		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. ON		22e. AT		
	23a. <b>Joseph Brandl, M.D., 75 Pringle Way #512, Reno, NV 89502</b>						23b. <b>6247</b>		
<b>CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST</b>	REGISTRAR 24a. (Signature) <i>[Signature]</i> <b>Dep.</b>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. <b>June 18, 2004</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>cardiac arrest</b>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
PART I (b) <b>coronary artery block</b>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death					
PART I (c) <b>coronary artery disease as a result of atherosclerosis</b>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death					
<b>CAUSE OF DEATH</b>	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) 26. <b>NO</b>		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. <b>NO</b>		
	ACC., SUICIDE, HOMIC., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c. <b>M</b>		DESCRIBE HOW INJURY OCCURRED 28d.		
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			



STATE REGISTRAR

No. 267676

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

Deputy Registrar: *[Signature]*

0625395

Date:

JUN 28 2004

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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