

15-  
A.P.N. # 1420-07-817-003  
ESCROW NO. \_\_\_\_\_  
RECORDING REQUESTED BY:  
STEWART TITLE COMPANY

DOC # 0634836  
01/19/2005 04:01 PM Deputy: KLJ  
OFFICIAL RECORD  
Requested By:  
KENNETH M ROBINSON

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 of 2 Fee: 15.00  
BK-105 PG- 6732 RPTT: 0.00



WHEN RECORDED MAIL TO:

✓ Kenneth M. Robinson  
3441 Princeton Ave.  
Carson City, NV 89705

(Space Above For Recorder's Use Only)

### AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }  
COUNTY OF Douglas } ss.

Kenneth M. Robinson, of legal age, being first duly sworn, deposes and says: That Ena May Robinson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ena M. Robinson named as one of the parties in that certain Grant, Bargain deed dated 2-2-87 executed by Roy W. Limbert, Jr. and Sallye Limbert to Kenneth M. Robinson and Ena M. Robinson, husband and wife as joint tenants, recorded as Instrument No. 149793, on February 10, 1987 in Book 287, Page 926, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

Lot 44, in Block E as shown on the map of IMPALA MOBILE HOME ESTATES, UNIT NO. 1; RECORDED May 11, 1978 in Book 578, Page 708, as Document NO. 20555, Official Records, Douglas County Nevada.

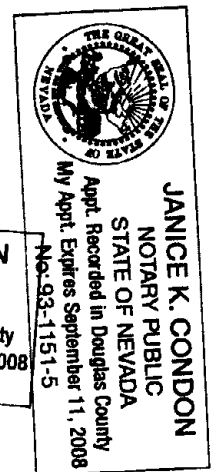
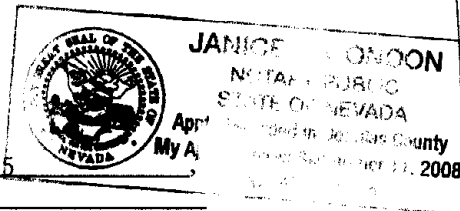
A.P.N. 1420-07-817-003

DATE: 1-19-05

Kenneth M. Robinson  
KENNETH M. ROBINSON

STATE OF Nevada }  
COUNTY OF Douglas } ss.

This instrument was acknowledged before me on 1-19-05 by Kenneth M. Robinson



Signature

Janice K. Condon  
Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

# 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

	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last 1. Ena May ROBINSON	DATE OF DEATH (Month, Day, Year) 2. July 11, 1998	STATE FILE NUMBER	
<b>DECEDED</b>	CITY, TOWN OR LOCATION OF DEATH 3b. Carson City		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 3441 Princeton Ave.	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e.	
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	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. 68	UNDER 1 YEAR MOS : DAYS 7b. :	
	STATE OF BIRTH (If not U.S.A., name country) 9a. Ireland	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	DATE OF BIRTH (Mo., Day, Yr.) 8. Dec. 31, 1929
<b>PARENTS</b>	SOCIAL SECURITY NUMBER 13. ██████████7238		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Homemaker	KIND OF BUSINESS OR INDUSTRY 14b. Own Home	
	RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Carson City	STREET AND NUMBER 15d. 3441 Princeton	
	FATHER—NAME First Middle Last 16. William Meharg		MOTHER—MAIDEN NAME First Middle Last 17. Elizabeth Meharg		
<b>DISPOSITION</b>	INFORMANT—NAME (Type or Print) 18a. Kenneth Robinson		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 3441 Princeton Ave. Carson City Nev. 89705		
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory		LOCATION City or Town State 19c. Carson City, Nevada	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>James M. ...</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. 217	NAME AND ADDRESS OF FACILITY 20c. FitzHenry's Carson City Funeral Home 833 N. Edmonds Carson City Nev. 89702		
<b>CERTIFIER</b>	21. 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>		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. 7-13-98	HOUR OF DEATH 21c. 2200	DATE SIGNED (Mo., Day, Yr.) 22b.	HOUR OF DEATH 22c.	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		PRONOUNCED DEAD (Hour) 22e. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER). (Type or Print) 23a. Robert McDonald, M.D., 710 W. Washington St., Carson City, NV		LICENSE NUMBER 23b. 6433			
<b>CAUSE OF DEATH</b>	REGISTRAR 24a. (Signature) <i>Vera R. Kochansky</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. July 15, 1998	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) <i>Respiratory Failure</i> DUE TO, OR AS A CONSEQUENCE OF: (b) <i>Advanced Stage Lung Cancer</i> DUE TO, OR AS A CONSEQUENCE OF: (c) <i>COPD</i>		Interval between onset and death : Months : Months : Years		
	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. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.		
INJURY AT WORK (Specify Yes or No) 28e.	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. 132588

*Yvonne Sylva*

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

Date Issued:

JUL 15 1998

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR