

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0508 PG- 5487 RPTT: 0.00



Bever Dye, LC
✓ 301 N. Main St. Ste 600
Wichita, KS 67202-4806

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF KANSAS)
) ss.
COUNTY OF SEDGWICK)

Now on this 25 day of April, 2008, I, Linda L. Whitfill, of lawful age, being duly sworn, state as follows:

On the 3rd day of August, 1993, there was conveyed by deed to Keith E. Whitfill and affiant as joint tenants, and not as tenants in common, with right of survivorship, the following described real property situated in Douglas County, Nevada, to wit:

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan Recorded July 14, 1988, as Document No. 192057; and (B) Unit No. 075 as shown and defined on said Condominium Plan; together with those easements appurtenant thereto and such easements described in the Fourth Amended and restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded August 18, 1988, as Document No. 194461, as amended, and as described in the Recitation of easements Affecting the Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in Lot 37 only, for one week every other year in Even-numbered years in the Swing "Season" as defined in and in accordance with said Declarations.

which deed was recorded in the records of the County Recorder of Douglas County, Nevada, as Document No. 314987 in Book 893, at Page 2477.

There is attached hereto a certified copy of the death certificate of Keith E. Whitfill, deceased, issued by the Department of Health for the State of Kansas showing that the deceased joint tenant died on the _____ day of _____, _____.

Affiant further states that she is the surviving joint tenant in the described property, and that the decedent named in the certificate of death is one and the same person as the joint tenant named in the deed recorded as above set forth.

Affiant further states that on the date of deceased joint tenant's death the two were married to each other and the affiant is the surviving spouse.

Linda L. Whitfill
Linda L. Whitfill

STATE OF KANSAS)
) ss.
COUNTY OF SEDGWICK)

BEFORE ME, the undersigned, a Notary Public within the aforesaid County and State, on this 25 day of April, 2008, appeared Linda L. Whitfill, known to me to be the same person who executed the within and foregoing instrument and acknowledged to me that she executed the same as her free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

Betty Livingston
Printed Name: Betty Livingston
Notary Public

My Appointment Expires:  NOTARY PUBLIC - State of Kansas
BETTY LIVINGSTON
My Appt. Exp. 02-19-2012

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Kansas Department of Health and Environment
Office of Vital Statistics
CERTIFICATE OF DEATH

AMENDED - 03/24/2005

2005-03634

State File Number

1. Decedent's Legal Name (First, Middle, Last) KEITH E WHITFILL		2. Sex MALE	3. Date Of Death (Month, Day, Year) 02/24/2005	4. Social Security Number ██████-9054	5. Date Filed By State Registrar 03/07/2005
6a. Date Of Birth (Month, Day, Year) 09/09/1942	6b. Age 62 YEAR(S)	7. Place Of Birth (City And State Or Foreign Country) WEWOKA, OKLAHOMA		8. Decedent Ever In U.S. Armed Forces NO	
9a. Place Of Death HOSPICE		9b. Facility Name (If Not Institution, Street And Number) HARRY HYNES ST FRANCIS CAMPUS		9c. City Or Town Of Death WICHITA	9d. Zip Code 67214
9e. County Of Death SEDGWICK	10. Marital Status MARRIED		11. Surviving Spouse (If Wife, Name Before First Marriage) LINDA LYLES		12a. Residence State or Foreign Country KANSAS
12b. County or Province SEDGWICK	12c. City Or Town WICHITA	12d. Street Address 14501 SPRING VALLEY CIRCLE		12e. Zip Code 67230	12f. Inside City Limits YES
13. Decedent's Ancestry AMERICAN		14. Decedent's Race WHITE			
15. Decedent's Hispanic Origin NOT SPANISH, HISPANIC, LATINO					
16. Decedent's Education MASTER'S DEGREE		17. Decedent's Occupation SECTION CHIEF		18. Decedent's Industry AIRCRAFT	
19. Father's Name (First, Middle, Last) RAYMOND E WHITFILL			20. Mother's Name Prior To First Marriage (First, Middle, Last) VELMA VAUGHAN		
21a. Informant's Name (First, Middle, Last) LINDA WHITFILL		21b. Mailing Address (Street, Number, City, State, And Zip Code) 14501 SPRING VALLEY CIRCLE, WICHITA, KANSAS, 67230		21c. Relationship To Decedent WIFE	
22. Method Of Disposition ENTOMBMENT		23a. Place Of Disposition LAKEVIEW MAUSOLEUM		23b. Location WICHITA, KANSAS	
24. Funeral Service License And License Number /s/ DALE DAWSON - 2715			25. Name Of Embalmer And License Number GRETCHEN D ROY - 3130		
26. Name And Address Of Firm LAKEVIEW MORTUARY INC, 12100 E 13TH STREET, WICHITA, KANSAS, 67206					
27. Cause Of Death Part I. Events (diseases, injuries, or complications) that directly caused the death. IMMEDIATE CAUSE (Final Disease Or Condition Resulting In Death) a. AML Due To (Or As A Consequence Of): Conditions, if any, leading to cause listed on line a. b. _____ Due To (Or As A Consequence Of): UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) c. _____ Due To (Or As A Consequence Of): LISTED LAST d. _____					Approximate Interval: Onset To Death
Part II. Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.				28a. Autopsy NO	28b. Autopsy Findings Available To Complete The Cause Of Death
29. Did Tobacco Use Contribute To Death? UNKNOWN				28c. Coroner Contacted YES	31. Manner Of Death NATURAL
30. If Female:	32a. Date Of Injury (Month, Day, Year)	32b. Time Of Injury	32c. Injury At Work	32d. How Injury Occurred	
	32e. Place Of Injury		32f. Location (Street And Number Or Rural Route, City Or Town, State, And Zip Code)		
33a. Date Pronounced Dead (Month, Day, Year) 02/24/2005	33b. Time Pronounced Dead 3:33 AM	33c. Actual Or Presumed Time Of Death 3:33 AM	33d. Name Of Person Pronouncing Death ELIZABETH CAIN		33e. License No. 1378188082
34a. Pronouncing and Certifying Physician /s/ GERARD BRUNGARDT - MD		34b. License No. 20542	34c. Date Certified (Month, Day, Year) 03/01/2005	34d. Address And Zip Code Of Person Completing Cause Of Death 313 S MARKET, WICHITA, KANSAS, 67202	

VS231A - Rev. 06/18/2004

3/24/2005 200504003634 18c rw Registration Chief



0723731

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BK- 0508
PG- 5489
05/22/2008



This is a true and correct copy of the official record on file in the Office of Vital Statistics, Topeka, Kansas, certified on the date stamped below.

2005 MAR 24 AM 9:29

Lorne A. Phillips, Ph.D.
State Registrar
Office of Vital Statistics
Department of Health & Environment

A02580457

It is in violation of KSA 65-2422d(g) to "prepare or issue any certificate which purports to be an original, certified copy or copy of a certificate of birth, death or fetal death, except as authorized in this act or rules and regulations adopted under this act."

CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.