

APN: 0000-13-080-360

OFFICIAL RECORD
Requested By:
MORTON KIRSON

MAIL RECORDED DOCUMENT TO:

Morton Kirson
3560 Green Acre Drive
Carson City, NV 89705

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0811 PG- 0450 RPTT: 0.00

MAIL TAX STATEMENT TO:

Morton Kirson
3560 Green Acre Drive
Carson City, NV 89705



AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) SS.
COUNTY OF)

MORTON KIRSON hereby swears and affirms under penalty of perjury that the following assertions are true:

1. Affiant is one of the grantees named in the Joint Tenancy Deed, dated September 8, 2003, recorded as Document No. 0589127, in Book 0903, Page 03330 of Official Records in the office of the County Recorder of Douglas County, State of Nevada, covering the real property located at 3560 Green Acre Drive, Carson City, County of Douglas, State of Nevada, and more particularly described as:

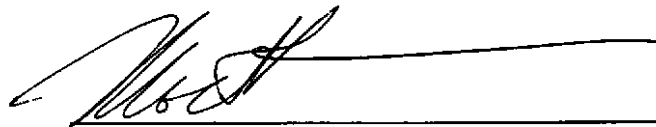
Lot 8 of Valley View Subdivision Unit No. 3, according to the official map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on September 28, 1964 as Document No. 26188.

2. INEZ KIRSON, one of the grantees named in said deed, is the same person named as the Decedent in the attached certified copy of Certificate of Death, which person died on the 5th day of June, 2011, in Carson City, State of Nevada.

3. INEZ KIRSON and Affiant purchased the above described property as joint tenants with right of survivorship.

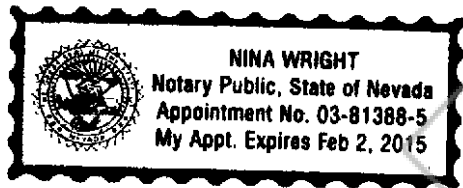
THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF PERSON(S) AS REQUIRED BY NRS 40.525.

Dated this 2 day of August, 2011.


MORTON KIRSON

Subscribed and Sworn to before me
this 2nd day of August, 2011,
by Morton Kirson,
in Carson City, Nevada.

Nina Wright
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2011008672
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Inez KIRSON		2. DATE OF DEATH (Mo/Day/Year) June 05, 2011		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Carson Tahoe Regional Medical Center		3a. If Hosp. or Inst. indicate DOA, OP/Emer Rm. (Inpatient)(Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 74		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY MOS DAYS HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 14, 1937		9a. STATE OF BIRTH (If not U S A, name country) New York		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Morton Howard KIRSON	
13. SOCIAL SECURITY NUMBER 8214		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Self-employed		14b. KIND OF BUSINESS OR INDUSTRY Sales	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3560 Green Acres Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) William Wolf LEVY	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Esther Yetta YOSKOWITZ		18a. INFORMANT- NAME (Type or Print) Morton Howard KIRSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3560 Green Acres Dr Carson City, Nevada 89705	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Glen Haven And Sholam Memorial Park		19c. LOCATION City or Town State Sylmar California 91342	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Rloop Carson City NV 89706	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED JORGE SALLABERRY MD		21b. DATE SIGNED (Mo/Day/Yr) June 07, 2011		21c. HOUR OF DEATH 14:05	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) stated. (Signature & Title)		22b. DATE SIGNED (Mo/Day/Yr)	
22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Jorge Sallaberry MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 13619	
24a. REGISTRAR (Signature) JENELLE ENGLISH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 07, 2011		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				Interval between onset and death	
PART I (a) Acute Cerebrovascular Accident				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) New Onset Atrial Fibrillation				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Acute Myocardial Infarction				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Congestive Heart Failure, Systolic, Unknown Etiology				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes				28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE	

STATE REGISTRAR



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PG- 452
08/03/2011

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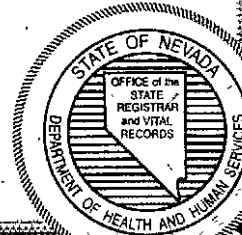
CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records

DATE ISSUED: **06/10/2011**

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

R. English
STATE REGISTRAR
SIGNATURE AUTHENTICATED



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