

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

BEFORE ME, the undersigned officer duly authorized to administer oaths and take acknowledgments under the laws of Florida, this day personally appeared PETER T. KIRKWOOD, hereinafter referred to as "Affiant", who being by me first duly sworn, on oath, says:

a) Affiant's name is PETER T. KIRKWOOD, and he has no family relationship to Freda Brown, the deceased joint tenant of the property described below.

b) That joint tenancy to the real property described below was conveyed to R. J. Brown and Freda Brown as joint tenants by a Grant, Bargain, Sale Deed dated January 18, 1990, and recorded in Book 89, Page 309 of the Lincoln County Records.

c) That the real property in which the aforementioned joint tenancy was created is described as:

The following patented Lode mining claims situate in Ely Mining District in Lincoln County, Nevada.

Grand View
Great Western No. 1
Great Western No. 2
Shortie No. 1
Shortie No. 2
Southern Cross No. 2
Southern Cross No. 3
Southern Cross No. 4
Southern Cross No. 5
Southern Cross No. 6
Southern Cross Fraction
April Fool No. 1
Ben Lamond
Great Western No. 3 Mineral
Treasury Mineral and
and Shortie Fraction

designated by the Survey General as Survey No. 3556, Patent No. 264368:

d) That Freda Brown died at Tampa, Florida on March 16, 1990.

Dated this 22 day of May, 1997.

Peter T. Kirkwood
Peter T. Kirkwood (print name)

ACKNOWLEDGMENT

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing Affidavit of Death of Joint Tenant was acknowledged and sworn to before me this 23 day of May, 1997, by PETER T. KIRKWOOD, who is personally known to me.

Scott Stigall
Name: Scott Stigall
Notary Public, State of
Florida at Large

(NOTARY SEAL)

My commission number is:
My commission expires:



NO. 109437
Filed And Recorded At Request Of
HOMESTAKE
JULY 24, 1997
At 01 Minutes Past 1 O'Clock
P M In Book 129 Of Official Records
Page 306 Lincoln County Nevada.

YURIKO SETZER
County Recorder
BY Zelie Borchers, DEPUTY ²

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

01819

CERTIFICATE OF DEATH
FLORIDA

1 LOCAL FILE NO 01819		2 SEX Female	
1 DECEDENT'S NAME (First, Middle, Last) FREDA MARIE BROWN			
3 DATE OF DEATH (Month, Day, Year) March 16, 1990		4 SOCIAL SECURITY NUMBER [REDACTED]	
5a AGE-Last Birthday (years) 52		5b UNDER 1 YEAR Months: _____ Days: _____	
6 DATE OF BIRTH (Month, Day, Year) September 10, 1937		7 BIRTHPLACE (City and State or Foreign Country) Sugar Creek, Pennsylvania	
8a PLACE OF DEATH (Check only one, see instructions on other side) HOSPITAL <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____		8b WAS DECEDENT EVER IN U.S. ARMED SERVICES? (Yes or No) NO	
9a FACILITY NAME (If not Institution, give street and number) St. Joseph's Hospital		9b CITY, TOWN, OR LOCATION OF DEATH Tampa	
9c COUNTY OF DEATH Hillsborough		9d INSIDE CITY LIMITS? (Yes or No) Yes	
10a DECEDENT'S USUAL OCCUPATION Homemaker		10b KIND OF BUSINESS/INDUSTRY Own Home	
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12 SURVIVING SPOUSE (If wife, give maiden name) Richard J. Brown	
13a RESIDENCE - STATE Florida		13b COUNTY Hillsborough	
13c CITY, TOWN, OR LOCATION Tampa		13d STREET AND NUMBER 4525 Azeale Street	
14 INSIDE CITY LIMITS? (Yes or No) Yes		15 ZIP CODE 33609	
14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Mexican, Puerto Rican, etc.) NO		15 RACE - American Indian, Black, White, etc. Specify White	
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 12 College (1-4 to 5+)			
17 FATHER'S NAME (First, Middle, Last) Ralph S. Grossman		18 MOTHER'S NAME (First, Middle, Maiden Surname) Caroline Thompson	
19a INFORMANT'S NAME (Type/Print) Mr. Richard J. Brown		19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4525 Azeale Street, Tampa, FL 33609	
20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Prairie Cemetery	
20c LOCATION - City or Town, State Harrisville, Pennsylvania			
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b LICENSE NUMBER (of Licensee) 1658	
21c NAME AND ADDRESS OF FACILITY F. T. Blount Co. 5101 Nebraska Avenue Tampa FL 33603			
22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated <i>[Signature]</i> 3-17-90		22b HOUR OF DEATH 3:29 PM	
22c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Joseph Sinkovics, M.D., 3001 W. Buffalo Ave., Tampa, Florida 33607		23a 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 as stated. <i>[Signature]</i>	
23b DATE SIGNED (Mo., Day, Yr.) 3-17-90		23c HOUR OF DEATH M	
23d PRONOUNCED DEAD (Mo., Day, Yr.) M		23e PRONOUNCED DEAD (Hour) M	
24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Joseph Sinkovics, M.D., 3001 W. Buffalo Ave., Tampa, Florida 33607			
25a REGISTRAR - SIGNATURE AND DATE <i>[Signature]</i> 3/20/90		25b LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i>	
25c DATE REGISTERED March 29 1990			
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Adenosquamous Carcinoma of lung metastatic to mediastinal lymph nodes, pericardium, adrenal glands & kidneys and retroperitoneal lymph nodes & liver			
27a WAS AN AUTOPSY PERFORMED? (Yes or No) No			
27b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) No			
28 CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) No			
29 IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		30a IF SURGERY IS MENTIONED IN PART I OR IF ENTER CONDITION FOR WHICH IT WAS PERFORMED	
31 PROBABLE MANNER OF DEATH (Specify) Accident, suicide or homicide, or undetermined		30b DATE OF SURGERY (Mo., Day, Year)	
32a DATE OF INJURY (Month, Day, Year)		32b TIME OF INJURY M	
32c INJURY AT WORK? (Yes or No)		32d DESCRIBE HOW INJURY OCCURRED	
32e PLACE OF INJURY - At home, farm, street, factory, etc (Specify)		32f LOCATION (Street and Number or Rural Route Number, City or Town, State)	

BOOK 129 PAGE 308

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

MAR 20 1990

BY: *[Signature]*
Chief Deputy Registrar

OLIVER H. BOORDE
State Registrar

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