

Official Record

Recording requested By
ROBERT MITTELBACH

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3

RPT:

Recorded By: AE

Book- 247 Page- 0365

APN: 002-073-01, 02

When recorded mail to:

Robert J. Mittelbach
P.O. Box 626
Panaca, NV 89042



0133482

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
)ss
County of Lincoln)

Robert J. Mittelbach hereby swears under penalty of perjury, that the following assertions are true of his own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. I am Robert J. Mittelbach, the same person named as Robert J. Mittelbach, one of the grantees as joint tenants named in that certain Deed recorded as Document number 0129173 in Book 232 Pages 703 of the Official Records, in the Office of the County Recorder of Lincoln County, State of Nevada.

3. The real property, which is the subject of the above-entitle Deed, is located in the County of Lincoln, State of Nevada, and is more specifically described as follows:

Lot One Hundred Twenty-five (125) in the Sun Gold Manor addition, according to the Plat of record in Book "H" of Plats, Page 101, Lincoln County, State of Nevada records with any and all improvements situate thereon.

Lot One Hundred Twenty-six (126) Sun Gold Manor addition to the Town of Panaca, Nevada.

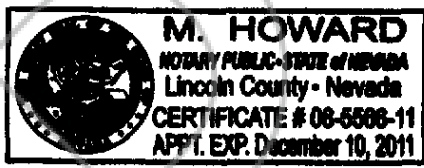


4. Robert W. Mittelbach, also one of the grantees named in said Deed, died on January 16, 2009, in The Dalles, Wasco County, Oregon. I am Robert W. Mittelbach's son.

Robert J. Mittelbach
Robert J. Mittelbach

SUBSCRIBED and SWORN to before me
This 24th day of February, 2009.

M. Howard
NOTARY PUBLIC





OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES
 CENTER FOR HEALTH STATISTICS
 CERTIFICATE OF DEATH

515813

I.D. TAG NO.

STATE FILE NUMBER

150039

1. Legal Name First: Robert, Middle: William, Last: Mittelbach, Suffix:			2. Death Date January 16, 2009	
3. Sex Male	4. Age 91 years	5. Social Security Number		6. County of Death Wasco
7. Birthdate December 25, 1917		8. Birthplace La Crosse, Wisconsin		9. Decedent's Education Master's degree
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? Yes
13. Residence: (Number and Street) 600 Ernest Street			14. City/Town Panaca	
15. Residence County Lincoln		16. State or Foreign Country Nevada	17. Zip Code + 4 89042	18. Inside City Limits? Yes
19. Marital Status at Time of Death Widowed			20. Spouse's Name Prior to First Marriage Daryne Mae Teagarden	
21. Usual Occupation High School Teacher			22. Kind of Business/Industry Education	
23. Father's Name William Mittelbach			24. Mother's Name Prior to First Marriage Agnes Fueling	
25. Informant's Name Robert Mittelbach		26. Telephone Number Not Available	27. Relationship to Decedent Son	28. Mailing Address PO Box 626, Panaca, NV 89042
29. Place of Death Nursing Facility		30. Facility Name Oregon Veterans' Home		
31. Location of Death 700 Veterans Dr		32. City/Town or Location of Death The Dalles		33. State Oregon
35. Method of Disposition Cremation		36. Place of Disposition Win-Quatt Crematory		37. Location The Dalles, Oregon
38. Name and Complete Address of Funeral Facility Spencer, Libby & Powell Funeral Home, 1100 Kelly Ave, The Dalles, Oregon 97058				
39. Date of Disposition January 19, 2009		40. Funeral Director's Signature Mark E Powell		41. OR License Number CO-3621
42. Registrar's Signature Alvina Perry		43. Date Received January 21, 2009		44. Local File Number 006
45. Amendment				

46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Time of Death 2:55pm	
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE							Approximate Interval: Onset to Death
Final disease or condition resulting in death → a. <u>Pneumonia</u>							1 WEEK
Due to (or as a consequence of) ↓ b.							
Due to (or as a consequence of) ↓ c.							
Due to (or as a consequence of) ↓ d.							
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <u>CAD, Pulmonary Hypertension, Chronic Kidney Disease</u>							
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 43 days before death			54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		
55. Date of Injury (MM/DD/YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)							
60. Describe how injury occurred						61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) <u>Peter Peruzzo, MD, 1620 E. 12th St, The Dalles, OR 97058</u>							
63. Name and Title of Attending Physician if Other than Certifier							
64. Title of Certifier <u>Pete Peruzzo</u>				65. License Number <u>8964</u>		66. Date Signed (MM/DD/YYYY) <u>01/20/2009</u>	
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				68. Medical Examiner - 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.			
69. Amendment							

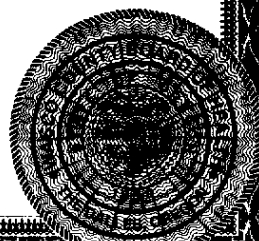
45-2DP (01/06)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE WASCO COUNTY REGISTRAR.

DATE ISSUED: JAN 21 2009

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Kathi Hall
 KATHI HALL
 COUNTY REGISTRAR
 WASCO COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE