

File No. 35319

AFFIDAVIT OF IDENTITY

STATE OF CALIFORNIA)
) ss.
County of Sacramento)

PENELOPE C. KING, of legal age, being first duly sworn, deposes and says:
That HELEN VIOLA KING, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as VIOLA MAU KING aka HELEN VIOLA MAU KING named as one of the parties in that certain Joint Tenancy Deed dated September 30, 1959, executed by HELEN VIOLA MAU KING, to HELEN VIOLA MAU KING and PENELOPE C. KING, as joint tenants, recorded as Instrument No. _____ on October 15, 1959, in Book 25 of Deeds, page 347, of Official Records of Eureka County, Nevada, covering the following described property, situated in the Town of Eureka, County of Eureka, State of Nevada

Lot 10 of Block 22; (store building on Main Street) and Lots 1, 2, 3 and 4 of Block 91; (former home) as said Lots and Blocks are described on the map of the town of Eureka, county of Eureka, on file with the County Recorder.

That Helen Viola King the decedent mentioned in the attached certified copy of death is the same person as Helen Viola Mau King named as one of the parties in that certain assignment and transfer of Promissory Notes and Trust Deeds securing said Notes dated January 15, 1960, executed by Helen Viola Mau King formerly Helen Viola Cross to Helen Viola Mau King and Penelope C. King, in joint tenancy, recorded as document No. 314168 on January 19, 1960, in Book 534 of Deeds of Trust at page 199 records of Washoe County, Nevada.

Dated: April 5, 1961

Penelope C. King

SUBSCRIBED AND SWORN TO before me
this 5th day of April, 1961.

(Notarial Seal)

Joseph C. Lavelle
Notary Public in and for said County
JOSEPH C. LAVELLE
My Commission Expires Mar. 3, 1963.

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REGISTRAR'S No. 559		CERTIFICATE OF DEATH		STATE FILE No. 1497	
1. PLACE OF DEATH: STATE OF NEVADA A. COUNTY Washoe		2. USUAL RESIDENCE (Where deceased lived; If institution: Residence before admission) A. STATE California B. COUNTY Sacramento			
B. CITY, TOWN, OR LOCATION Reno		C. Length of stay in 1b 6 mo.		C. CITY, TOWN, OR LOCATION Sacramento	
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) St. Marys Hospital		D. STREET ADDRESS 5460 Enrico Blvd.			
E. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		E. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		F. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Helen Viola King		4. DATE OF DEATH (Month) (Day) (Year) July 5 1960			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Aug. 16, 1909	9. AGE (In years last birthday) 50	10. IF UNDER 1 YEAR Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laboratory technician		10B. KIND OF BUSINESS OR INDUSTRY Hospital		11. BIRTHPLACE (State or foreign country) Nevada	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Otto R. Mau			
14. MOTHER'S MAIDEN NAME Olga L. Wilhelm		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no unknown) (If yes, give war or dates of service) no			
16. SOCIAL SEC. NO. no record		17. INFORMANT Michael E. King, 5460 Enrico Blvd. Sacramento, Calif.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) DUE TO (B) DUE TO (C) CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20A. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)			
20C. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20D. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK			
20E. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20F. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 1914 to 1955 and last saw (him) (her) alive on 7/5/60. Death occurred at 5:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22A. SIGNATURE W F R... (Degree or Title)		22B. ADDRESS 735 N. Virginia		22C. DATE SIGNED 7/5/60	
23A. BURIAL, CREMATION, REMOVAL (Specify) burial		23B. DATE 7/7/60		23C. NAME OF CEMETERY OR CREMATORY Mountain View	
23D. LOCATION (City, town, or county) Reno		23E. STATE Nevada		23F. DATE REC'D BY LOCAL REG. 7-7-60	
24. FUNERAL DIRECTOR Walton Funeral Home		24B. EMBALMER'S NO. 95		24C. ADDRESS Reno	
25. DATE REC'D BY LOCAL REG. 7-7-60		26. REGISTRAR'S SIGNATURE Hollnacker			

I hereby certify that this is a true and correct copy of the original record which is on file in the office of the Division of Vital Statistics of the Nevada State Department of Health at Carson City, Nevada.

DATE ISSUED: May 1, 1961

John A. Hollnacker
Director, Division of Vital Statistics