

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.

1. PLACE OF DEATH: STATE OF NEVADA A. COUNTY <u>Washoe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) A. STATE <u>California</u> B. COUNTY <u>Sacramento</u>	
B. CITY, TOWN, OR LOCATION <u>Reno</u>		C. Length of stay in 1b <u>6 mo.</u>	C. CITY, TOWN, OR LOCATION <u>Sacramento</u>
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>St. Marys Hospital</u>		D. STREET ADDRESS <u>5460 Enrico Blvd.</u>	
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 (First) (Middle) (Last) <u>Helen</u> <u>Viola</u> <u>King</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 1960</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 16, 1909</u>
9. AGE (In years last birthday) <u>50</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laboratory technician</u>	11. BIRTHPLACE (State or foreign country) <u>Nevada</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laboratory technician</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Otto R. Mau</u>		14. MOTHER'S MAIDEN NAME <u>Olga L. Wilhelm</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SEC. NO. <u>no record</u>	17. INFORMANT ADDRESS <u>Michael E. King, 5460 Enrico Blvd. Sacramento, Calif.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <u>Chronic Bronchitis</u> DUE TO (B) <u>Chronic Bronchitis</u> DUE TO (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(A)			Interval between onset and death. <u>1 yr</u> <u>11-yr</u>
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 <u>March 1949</u> to <u>July 5, 1960</u> and last saw (him) (her) alive on <u>7/5/60</u> . Death occurred at <u>5:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22A. SIGNATURE <u>W F Ruman</u>		22B. ADDRESS <u>229 N. Virginia Reno</u>	22C. DATE SIGNED <u>7/5/60</u>
23A. BURIAL CREMATION: REMOVAL (Specify) <u>burial</u>		23B. DATE <u>7/7/60</u>	23C. NAME OF CEMETERY OR CREMATORY <u>Mountain View</u>
23D. LOCATION (City, town, or county) <u>Reno Nevada</u>		(State)	
24. FUNERAL DIRECTOR, EMBALMER'S LIC. NO. ADDRESS <u>Walton Funeral Home 65 Reno</u>		25. DATE REC'D BY LOCAL REG. <u>7-7-60</u>	26. REGISTRAR'S SIGNATURE <u>McL Jackson</u>

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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 R. Sullivan*  
Director, Division of Vital Statistics