EUREKA COUNTY, NV
LAND-AFF
Rec:$35.00
Total:$35.00
KENT A GILBERT

2019-239956
12/20/2019 03:55 PM
Pgs=3

0000695820190239956003003 8
LISA HOEHNE, CLERK RECORDER E99

APN: 005-190-27
005-210-05

AFFIDAVIT OF DEATH OF JOINT TENANT

For Recorder's Use Only

Affiant, Kent B. Gilbert, being first duly sworn deposes and states that Karen E. Gilbert, who died March 21, 2005 mentioned in the attached Certificate of Death, is the same personal as Karen E. Gilbert named as one of the parties in ownership of the subject tracts of land to which she was a joint tenant along with Affiant covering the following described property situated in Eureka County, State of Nevada.

SEE ATTACHED EXHIBIT A FOR LEGAL DESCRIPTION

Dated: 12-9-19

Kent B. Gilbert

STATE OF ILLINOIS)
) SS.
COUNTY OF KANE)

I, the undersigned, a Notary Public in and for the said County, in the State aforesaid, DO HEREBY CERTIFY THAT Kent B. Gilbert personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth.

OFFICIAL SEAL
RONALD O ROESER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 01/18/21

GIVEN UNDER my hand and notarial seal this 12 day of December, 2019.

Notary Public

This document prepared by:	*When recorded, mail to:*
Ronald O. Roeser 920 Davis Road Elgin IL 60123	LandDiscounts LLC 11582 Big Canoe Big Canoe GA 30143

m:\clients\gilbert, kent\affidavit of death.docx
12/5/19

EXHIBIT A

Parcel One:

TOWNSHIP 30 NORTH, RANGE 48 EAST, M. D. B. & M.

Section 11: NW quarter of the NW quarter of the NW quarter excepting therefrom any portion of State Highway 21 as it now exists.

APN: 005-190-27

Parcel Two:

TOWNSHIP 30 NORTH, RANGE 48 EAST, M.D.B. & M.

Section 15: NE quarter of the SE quarter of the NW quarter

APN: 005-210-05

COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the person named in Item #1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Statues relating to the registrations of births, still-births, and deaths.

DATE: MAR 24 2005 SIGNED: Janice C. Jones

AT: MCHENRY, ILLINOIS 60050 OFFICIAL TITLE: SUB-REGISTRAR

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 56.0C

REGISTERED NUMBER 7900

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED

1. DECEASED–*NAME* FIRST: KAREN MIDDLE: F. LAST: GILBERT
2. SEX: Female
3. DATE OF DEATH (MONTH, DAY, YEAR): March 21, 2005
4. COUNTY OF DEATH: McHenry
5a. AGE–LAST BIRTHDAY (YRS): 66
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
5d. DATE OF BIRTH (MONTH, DAY, YEAR): May 2, 1938
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: Algonquin Twnp.
6b. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 8510 Old Balder Rd.
6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY):
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Kansas City, Mo
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Kent
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO):
10. SOCIAL SECURITY NUMBER: [redacted]
11a. USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS OR INDUSTRY: Own Home
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): Elementary/Secondary (0-12): 12 College (1-4 or 5+):
13a. RESIDENCE (STREET AND NUMBER): 8510 Old Balder Rd.
13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: Algonquin Twnp
13c. INSIDE CITY (YES/NO): NO
13d. COUNTY: McHenry
13e. STATE: ILL.
13f. ZIP CODE: 60013
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): White
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): ☒ NO ☐ YES SPECIFY:

PARENTS

15. FATHER–*NAME* FIRST: John MIDDLE: Arthur LAST: Redenbaugh
16. MOTHER–*NAME* FIRST: Mary MIDDLE: Dorothy (MAIDEN) LAST: Fagan
17a. INFORMANT'S NAME (TYPE OR PRINT): Kent Gilbert
17b. RELATIONSHIP: Husband
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 8510 Old Balder Rd., Cary, IL 60013

CAUSE

18. PART I. Enter the diseases, 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.

Immediate Cause (Final disease or condition resulting in death) → (a) CARDIORESPIRATORY INSUFFICIENCY — HOURS

DUE TO, OR AS A CONSEQUENCE OF

(b) CHRONIC OBSTRUCTIVE PULMONARY DISEASE — YEARS

DUE TO, OR AS A CONSEQUENCE OF

(c) HYPERTENSION — YEARS

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19a. AUTOPSY (YES/NO): NO
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO):
20a. DATE OF OPERATION, IF ANY:
20b. MAJOR FINDINGS OF OPERATION:
20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☒

CERTIFIER

21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR):
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): YES
21c. HOUR OF DEATH: 11:02 P M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE ▶ Richard McDonough Dr. Richard McDonough
22b. DATE SIGNED (MONTH, DAY, YEAR): 3/23/05
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): 500 W. Hwy 22 Barrington, IL
22d. ILLINOIS LICENSE NUMBER: 036-056645
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation
24b. CEMETERY OR CREMATORY–*NAME*: Twin Pines Crematory
24c. LOCATION CITY OR TOWN, STATE: Dundee, ILL
24d. DATE (MONTH, DAY, YEAR): Mar. 25, 2005
25a. FUNERAL HOME NAME, STREET AND NUMBER OR R.F.D., CITY OR TOWN, STATE, ZIP: Kahle-Moore Funeral Home 403 Silver Lake Rd., Cary, IL 60013
25b. FUNERAL DIRECTOR'S SIGNATURE ▶
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-011210
26a. LOCAL REGISTRAR'S SIGNATURE ▶ PATRICK MCNULTY SUB REG Janice C. Jones
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 3/24/05

VR2(R2 (Rev. 5-89) Illinois Department of Public Health – Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)