

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

**AFFIDAVIT OF DEATH
OF JOINT TENANT**



LISA HOEHNE, CLERK RECORDER E99

For Recorder's Use Only

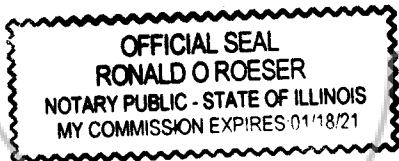
Affiant, Kent B. Gilbert, being first duly sworn deposes and states that Karen E. Gilbert, who died March 21, 2005 mentioned in the attached Certificate of Death, is the same personal as Karen E. Gilbert named as one of the parties in ownership of the subject tracts of land to which she was a joint tenant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



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

[Signature]
Notary Public

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

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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

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 Statutes relating to the registrations of births, still-births, and deaths.

DATE: MAR 24 2005

SIGNED: Janice C. Jones OFFICIAL TITLE: SUB-REGISTRAR
 AT: MCHENRY, ILLINOIS 60050

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DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 56.0C	STATE OF ILLINOIS			STATE FILE NUMBER	
		REGISTERED NUMBER 7900	MEDICAL CERTIFICATE OF DEATH				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
	1. KAREN F. GILBERT		2. Female	3. March 21, 2005			
	COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS	UNDER 1 DAY DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)	
	4. McHenry		5a. 66	5b.	5c.	5d. May 2, 1938	
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY)	
	A 6a. Algonquin Twp.		6b. 8510 Old Balder Rd.			6c.	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
	DECEASED 8. Kansas City, Mo		8a. Married	8b. Kent		9.	
	C SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
	10. [REDACTED]		11a. Homemaker	11b. Own Home	12. 12		College (1-4 or 5+)
D RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY			
E 13a. 8510 Old Balder Rd.		13b. Algonquin Twp	13c. NO	13d. McHenry			
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13e. ILL.		13f. 60013	14a. White	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
PARENTS		FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST			
15.		John Arthur Redenbaugh		Mary Dorothy Fagan			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. Kent Gilbert		17b. Husband	17c. 8510 Old Balder Rd., Cary, IL 60013				
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.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
3 Immediate Cause (Final disease or condition resulting in death)		(a) <u>Cardiorespiratory Insufficiency</u>				Hours	
CAUSE		(b) <u>Chronic Obstructive Pulmonary Disease</u>				Years	
4		(c) <u>HYPERTENSION</u>				Years	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)			
5		19a. NO		19b.			
N DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
P 20a.		20b.		20c.			
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH		
21a.				21b. YES	21c. 11:02 P M		
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		DATE SIGNED (MONTH, DAY, YEAR)			
22b. <u>Richard McDonough</u>		22c. <u>500 W. Hwy 22, Bannockburn, IL</u>		22d. <u>036-056645</u>			
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22d. ILLINOIS LICENSE NUMBER		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
23.		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME	LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)	
DISPOSITION		24a. Cremation		24b. Twin Pines Crematory	24c. Dundee, ILL	24d. Mar. 25, 2005	
25a.		FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE		25b. FUNERAL DIRECTOR'S SIGNATURE			
25a. Kahle Moore Funeral Home		403 Silver Lake Rd., Cary, IL 60013		25b. [Signature]			
25b.		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
25b. [Signature]		25c. 034-011210		25d. 3/24/05			
26a.		LOCAL REGISTRAR'S SIGNATURE		26b.			
26a. [Signature]		PATRICK MCNULTY		26b. 3/24/05			