



John Alexander Kneubuhl

Probate

Robin's Affidavit,

POA, Pleadings

Death certificate

AFFIDAVIT

RE: BENEFICIARY OF THE ESTATE OF JOHN ALEXANDER KNEUBUHL,
DECEASED 2/20/1990.

I, Gilian Robin Kneubuhl Roush, of New Haven, Connecticut, being duly sworn, do depose and say:

- 1.) I am the daughter of Dorothy Schenck Kneubuhl and John Alexander Kneubuhl, a member of the Writers' Guild.
- 2.) My father John Alexander Kneubuhl died intestate in American Samoa on February 20, ~~1990~~; 1992
- 3.) Prior to, and in anticipation of his death, my father executed Power of Attorney to my mother Dorothy Schenck Kneubuhl, on April 10, 1991 (copy attached hereto);
- 4.) My father's estate commenced probate on September 30, 1992 in the High Court of American Samoa, Probate Division, captioned PR 45-92, Associate Justice Honorable Lyle L. Richmond, presiding, wherein Judgment entered on July 20, 1996 (copy attached hereto);
- 5.) At the Probate hearing, Associate Justice Richmond:
 - a. Appointed my mother administrator and executor of my father's estate;
 - b. Found my father had four children, as follows:
 - i. John Pritchard Kneubuhl,
 - ii. David Craig Kneubuhl,
 - iii. Gilian Robin Kneubuhl,
 - iv. Sione Fonua Kneubuhl, adopted post-majority on September 1, 1971 in the High Court of American Samoa, captioned Civil Action 1701-71;
 - c. Found Mr. Fonua Kneubuhl to be an heir only of the intellectual property in the estate;
 - d. Ordered distribution of the estate, per stirpes, according to law, making certain provision for prior advancements and distributions not consistent with the statutory requirements;
- 6.) My brother John Pritchard Kneubuhl died intestate in Palo Alto, County of Santa Clara, California on December 16, 2002 (copy of death certificate attached hereto);
- 7.) My brother David Craig Kneubuhl resides in Santa Barbara California and is gravely disabled from numerous medical conditions and is neither willing nor able to serve as guardian or executor;
- 8.) The adopted heir, Sione Fonua Kneubuhl, a Tongan National, has outstanding issues with the INS and IRS which disqualify him from administering my

- father or my mother's estate, is whereabouts unknown to this affiant having abandoned his last known address, and having left no forwarding address;
- 9.) My mother Dorothy Schenck Kneubuhl was found incompetent due to Alzheimer's dementia by the Family Division of the First Circuit Court of Hawaii in the matter captioned, G. No 01-1-0082, "The Matter of the Protection of the Property of Dorothy Schenck Kneubuhl, Protected Person," (copy attached hereto);
 - 10.) My mother now resides at FatuOAiga, a care facility in American Samoa administered by the Order of the Sisters of Nazareth, who receive and administer distributions from my father's estate made by me consistent with the Probate Judgement of the High Court of American Samoa;
 - 11.) In that guardianship proceeding, on July 30, 2001, I was appointed co-guardian of my mother's estate jointly with my now deceased brother John Pritchard Kneubuhl;
 - 12.) No order for appointment of a successor co-guardian was entered;
 - 13.) Accordingly, I survive as the beneficiary/executor of my father's estate in my capacity as guardian of my mother's estate which holds the power of attorney granted by my father to my mother;
 - 14.) I am the only surviving beneficiary willing and qualified to administer my father's estate, and have been doing since the order of co-guardianship entered in the State of Hawaii July 30, 2001;
 - 15.) I hold an account for the Estate of John Alexander Kneubuhl at JP Morgan Chase Bank in New Haven, Connecticut, with myself as executor.

Gilian Robin Kneubuhl Roush
Social security: 009-32-9634

Witness

Christopher de Marco, Esq., Commissioner of the Superior Court
State of Connecticut

_____, Notary Public

Sworn to before me this _____ day of _____, 200__,

At New Haven, CT. My commission expires: _____

POWER OF ATTORNEY

TERRITORY OF AMERICAN SAMOA)
)
COUNTY OF TUALATAI) ss

)

KNOW ALL MEN BY THESE PRESENTS, that I, JOHN A. KNEUBUHL, residing in the Village of Taputimu, County of Tualatai, Territory of American Samoa, do hereby nominate, constitute and appoint my wife, DOROTHY S. KNEUBUHL of the Village of Taputimu, County of Tualatai, Territory of American Samoa, my true and lawful attorney in fact, for me and in my name, place and stead, and for my use and benefit,

To ask, demand, sue for, recover, collect and receive all such sums of money, debts, dues, accounts, interest, dividends, and demands whatsoever as are now or shall hereafter become due, owing, payable or belonging to me and have, use and take all lawful ways and means in my name or otherwise for the recovery thereof, by attachments, arrests, distress or otherwise and to compromise and agree for the same and acquittances or other sufficient discharges for the same;

For me and in my name, to make, seal and deliver, to bargain, contract, agree for, purchase, receive and take lands, tenements, hereditaments and accept the possession of all lands, and all deeds and other assurances, in the law therefor, and to lease, let, demise, bargain, sell, remise, release, convey, mortgage, and hypothecate lands, tenements and hereditaments upon such terms and conditions and under such covenants as she shall think fit;

Also to bargain and agree for, buy, sell, mortgage, hypothecate, and in any and every way and manner deal in and with goods, wares, and

merchandise, choses in action, and other property in possession or in action, and to make, do, and transact all and every kind of business of whatsoever nature and kind;

And also for me and in my name, and as my act and deed, to sign, seal, execute, deliver, and acknowledge such instruments in writing of whatsoever kind and nature as may be necessary or proper in the premises:

(a) To endorse any and all checks, drafts, promissory notes, certificates of deposit, or other orders of instruments for the payment of money.

(b) To sign and deliver checks or drafts on any bank, whether against funds actually standing to my credit at the time or against or in anticipation of deposits to be made or funds to be placed to my credit thereafter, and to settle and adjust my accounts with those banks.

(c) To accept any and all drafts or bills of exchange or other orders for payment of money at any time drawn upon any account in my name or for my benefit or use.

(d) To sell any and all promissory notes, drafts, or other orders for the payment of money at any time drawn and endorsed payable to my order or generally, and to endorse the same for the purpose of such a sale.

(e) To borrow in my name whatever sum or sums of money the attorney named herein may think proper, and as security for repayment of any such loan or loans, to make and deliver one or more promissory note or notes, drafts, or other order or orders for the payment of money, and to pledge or hypothecate as collateral security therefor any and all commercial paper, bonds, stocks, certificates of deposit, or securities held by me or by that attorney, and to execute and deliver any and all such endorsements or instruments of assignment or transfer that may be necessary, expedient, or

customary in like cases to effectively transfer the securities so pledged to the lender.

(f) To make and deliver on my behalf any agreements or contracts, verbally or in writing, as the attorney named herein may deem proper.

The following is a specimen of the handwriting and signature to be used by the attorney authorized in this instrument:

John A. Kneubuhl

BY: Dorothy S. Kneubuhl
Dorothy S. Kneubuhl,
Attorney in Fact

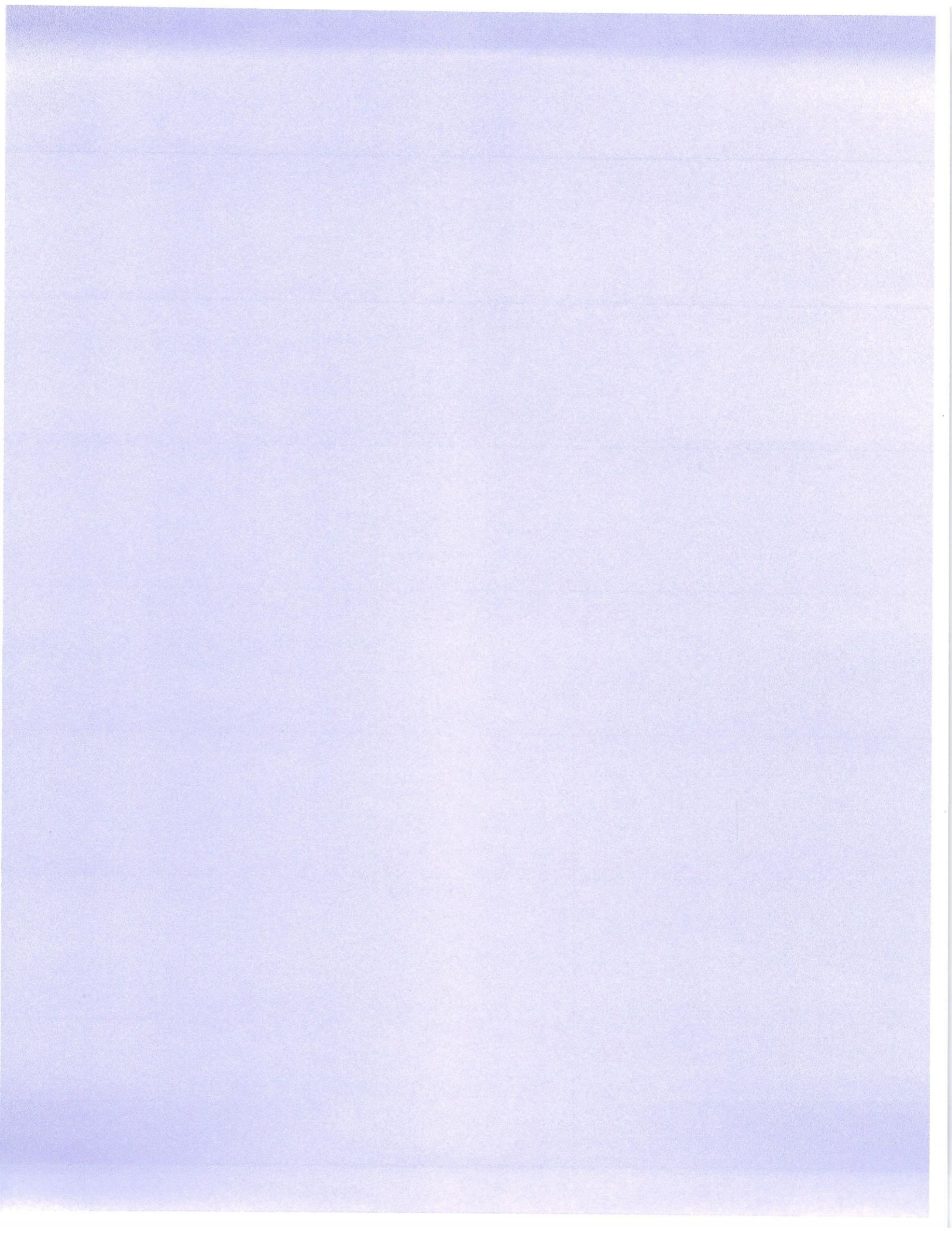
GIVING AND GRANTING unto my said attorney in fact full power and authority to do and perform every act necessary, requisite, or proper to be done in and about the premises as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I have hereunto signed my name this 10th day of April, 1991.

John A. Kneubuhl
JOHN A. KNEUBUHL

SWORN AND SUBSCRIBED TO before me this 10th day of April, 1991.

Patricia Bridges-Diffenger
NOTARY PUBLIC
My Commission Expires: 12/31/92



Certificate of Birth

TERRITORY OF HAWAII

BUREAU OF VITAL STATISTICS No. B 102542
HONOLULU, T. H.

I, THE REGISTRAR-GENERAL OF VITAL STATISTICS, do hereby certify the following to be a true and correct copy of the Certificate of Birth of
DOROTHY SCHENCK
on file in the Bureau of Vital Statistics, Honolulu, office of the Board of Health of the Territory of Hawaii.

City and	1 PLACE OF BIRTH County of Honolulu	Local Reg. No. _____ (To be inserted by Registrar)	Vol. No. 57 Registered No. 7235
	Township of _____ or Village of _____ City of Honolulu	(No. Kauikeolani Children's Hospital Ward) If birth occurred in a hospital or institution, give its name instead of street and number.	
	2 FULL NAME OF CHILD DOROTHY SCHENCK <small>(If child is not yet named, make supplemental report as directed.)</small>		
3 Sex of Child Female	4 Twin, triplet or other? <small>(To be answered only in event of plural births)</small>	5 Number in order of birth	6 Legiti-mate? Yes
		7 Date of birth March 24, 1921 <small>(Month) (Day) (Year)</small>	
8 FULL NAME NORMAN CRAIG SCHENCK		14 FULL MAIDEN NAME DOROTHY ROBINSON	
9 RESIDENCE 2611 East Manoa Road		15 RESIDENCE 2611 East Manoa Road	
10 COLOR OR RACE Caucasian	11 AGE AT LAST BIRTHDAY 39 <small>(Years)</small>	16 COLOR OR RACE Caucasian	17 AGE AT LAST BIRTHDAY 41 <small>(Years)</small>
12 BIRTHPLACE New Jersey	18 BIRTHPLACE Near Pittsburg		19 OCCUPATION Housewife
13 OCCUPATION Mission Worker and Minister		20 Number of children born to this mother, including present birth 5	
		21 Number of children of this mother now living 4	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was **born alive** at **3:30 P.M.** on the date above stated.
(Born Alive or Stillborn)

<small>I hereby certify that I am an attending physician and duly licensed under the laws of the Territory of Hawaii, and that I have attended the birth of the child as stated above, and that the child was born alive, and that the mother was sane and of legal age at the time of the birth.</small> Given under my hand and official seal on this _____ day of _____, 19____. _____ Registrar-General, Territorial Board of Health.	(Signature) JANET M. DEWAR, R.N. Informant <small>(Physician or Midwife)</small> Address Kauikeolani Children's Hospital Entered Mar. 28, 1921 D. Y. Akana <small>Registrar.</small> Filed Mar. 28, 1921 M. H. Lemon <small>Registrar-General.</small> _____ Registrar-General, Territorial Board of Health.
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IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused the official seal to be affixed, at Honolulu, City and County of Honolulu, this 15th day of February, 1927.

M. H. Lemon
Registrar-General.

CERTIFICATION OF LIVE BIRTH

STATE OF HAWAII
HONOLULU



DEPARTMENT OF HEALTH
HAWAII U.S.A.

CERTIFICATE NO. 151 1921 - 007235

CHILD'S NAME
DOROTHY SCHENCK

DATE OF BIRTH
March 24, 1921

HOUR OF BIRTH
3:30 PM

SEX
FEMALE

CITY, TOWN OR LOCATION OF BIRTH
HONOLULU

ISLAND OF BIRTH
OAHU

COUNTY OF BIRTH
HONOLULU

MOTHER'S MAIDEN NAME
DOROTHY ROBINSON

MOTHER'S RACE
CAUCASIAN

FATHER'S NAME
NORMAN CRAIG SCHENCK

FATHER'S RACE
CAUCASIAN

DATE FILED BY REGISTRAR
March 28, 1921

Estate of John Alexander Kneubuhl

Death certificate

Certificate of Death

AMERICAN SAMOA

05-48-78

Hospital Number

9226

Certificate Number

(1) Name of Deceased: First <u>JOHN</u> Middle <u>A.</u> Last <u>KNEUBUHL</u>				(2) Date of Death: Month <u>FEBRUARY</u> Day <u>20</u> , Year <u>1992</u>			
(3) Place of Death: Village <u>LBJ TROPICAL MEDICAL CENTER FAGA'ALU</u> District <u>CENTRAL</u> Hospital <input checked="" type="checkbox"/> ()				(4) Usual Residence: Village <u>TAPUTIMU, AMERICAN SAMOA</u> District <u>WESTERN</u>			
(5) Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		(6) Race: <u>POLYNESIAN/CAUCASTAN</u>		(7) Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		(8) Occupation: <u>SELF-EMPLOYED</u>	
(9) Date of Birth: Mo. <u>JULY</u> Day <u>2</u> , Yr. <u>1920</u>		(10) Age (Yrs) a. <u>71</u>		If under 1 yr. b. Mo. _____ Days _____		If under 24 hours c. Hrs. _____ Mins. _____	
(11) Birthplace: <u>U.S.A.</u>				(12) Nationality: <u>U.S. CITIZEN</u>			
(13) Father's Name: <u>KNEUBUHL BENJAMIN FRANKLIN</u>				(14) Mother's Name: <u>LENA PRITCHARD</u>			
(15) Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/>		(16) Place of Injury: Village _____ District _____		(17) At work: Yes <input type="checkbox"/> No <input type="checkbox"/>		(18) Autopsy: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
(19) Time of Death: _____ A.M. <u>1:10</u> P.M.		(20) Informant: Name <u>PATIENT'S CHART</u> Signature: _____					

(21) I HEREBY CERTIFY THAT I have have not attended the deceased; that death occurred on the date stated above, and to the best of my knowledge, from the cause stated below:
 The deceased was seen not seen by me after death.

(22) CAUSE OF DEATH		Approximate interval between onset and death
(1) Disease or condition leading to death. (a)	<u>CARDIAC ARREST</u>	<u>10 MINUTES</u>
Antecedent Causes: (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last). (b)	Due to (or as a consequence of) <u>PROSTATIC CARCINOMA WITH METASTASES</u>	<u>2 YEARS</u>
(c)	Due to (or as a consequence of) <u>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</u>	<u>10 YEARS</u>
(11) Other Significant Conditions: (Contributing to death but not related to the disease or condition causing it).		

TOTAMO T. SALEAPAGA, M.D.
 Director of Medical Services

JOHN TUTELE, M.B.B.S.
 SIGNATURE (PHYSICIAN)

CERTIFIED TO BE TRUE COPY

(23) REGISTRAR:
 Signature: _____ Date Filed by Registrar 2/25/92

Certificate of Death

AMERICAN SAMOA

05-48-78
Hospital Number

9226
Certificate Number

(1) Name of Deceased: First JOHN Middle A. Last KNEUBUHL				(2) Date of Death: Month FEBRUARY Day 20, Year 1992				
(3) Place of Death: Village LBJ TROPICAL MEDICAL CENTER FAGA'ALU District CENTRAL Hospital <input checked="" type="checkbox"/>				(4) Usual Residence: Village TAPUTIMU, AMERICAN SAMOA District WESTERN				
(5) Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		(6) Race: POLYNESIAN/CAUCASIAN		(7) Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		(8) Occupation: SELF-EMPLOYED		
(9) Date of Birth: Mo. JULY Day 2, Yr. 1920			(10) Age (Yrs) a. 71		if under 1 yr. b. No. ___ Days ___		if under 24 hours c. Hrs. ___ Mins. ___	
(11) Birthplace: U.S.A.				(12) Nationality: U.S. CITIZEN				
(13) Father's Name: KNEUBUHL BENJAMIN FRANKLIN				(14) Mother's Name: LENA PRITCHARD				
(15) Accident: <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/>		(16) Place of Injury: Village ___ District ___		(17) At work: Yes <input type="checkbox"/> No <input type="checkbox"/>		(18) Autopsy: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
(19) Time of Death: ___ A.M. 1:10 P.M.			(20) Informant: Name PATIENT'S CHART Signature: _____					

(21)

I HEREBY CERTIFY THAT I have have not attended the deceased; that death occurred on the date stated above, and to the best of my knowledge, from the cause stated below:

The deceased was seen not seen by me after death.

(22)

CAUSE OF DEATH	Approximate interval between onset and death
(I) Disease or condition leading to death. (a) CARDIAC ARREST	10 MINUTES
Antecedent Causes: (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last). (b) PROSTATIC CARCINOMA WITH METASTASES	2 YEARS
(c) CHRONIC OBSTRUCTIVE PULMONARY DISEASE	10 YEARS
(II) Other Significant Conditions: (Contributing to death but not related to the disease or condition causing it).	

John T. Saleapaga
JOHNSON T. SALEAPAGA, M.D.
Director of Medical Services

JOHN TUITELE, M.B.B.S.
SIGNATURE (PHYSICIAN)

(23) REGISTRAR:

Signature: _____

Date Filed by Registrar: *2/25/92*

GAS Form MED-52
Revised 1975

CERTIFIED TO BE TRUE COPY
OF VITAL RECORD
GOVERNMENT OF AMERICAN SAMOA

Gilian Robin Kneubuhl Roush
177 Everit Street, New Haven, CT 06511

July 21, 2004

Department of Vital Records
Government of American Samoa
Pago Pago,
American Samoa 96799

RE: John A. Kneubuhl
DOD: 2/20/92

Dear Sir or Madam:

I am writing to request five (5) certified Certificates of Death for my father as indicated above. The Certificate Number is 9226.

I will of course forward whatever fee is required either prior to or upon receipt of the Death Certificates.

Thank you in advance for your attention to this matter.

Sincerely,

G. Robin Kneubuhl Roush

G. Robin Kneubuhl Roush