

# Affidavit—Death of Joint Tenant

TO 5036 NV (8-66)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF DOUGLAS

} ss.

La Verne Nowak

That Stefan Nowak

, of legal age, being first duly sworn, deposes and says:  
Certificate of Death, is the same person as Steve F. Nowak  
named as one of the parties in that certain Grant Deed dated September 5, 1968,  
executed by Willard B. Ingersoll & Elizabeth Ingersoll, husband & wife,  
to Steve F. Nowak and La Verne Nowak, husband and wife,  
as joint tenants, recorded as Instrument No. 42832, on November 4, 1968, in  
book 63, page 129, of Official Records of Douglas  
County, Nevada, covering the following described property situated in the  
Douglas, County of Douglas, State of Nevada:

or parcel

All that certain lot, piece/ of land situate  
in the County of Douglas, State of Nevada,  
more particularly described as follows:

The Northwest 1/4 of the Northwest 1/4 of  
Section 20, Township 9 North, Range 23 East,  
M.D.B. & M.

That the value of all real and personal property owned by said decedent at date of death, including the full value of  
the property above described, did not then exceed the sum of \$ \_\_\_\_\_.

Dated March 11, 1981

La Verne Nowak

SUBSCRIBED AND SWORN TO before me

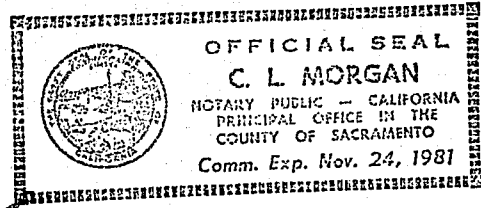
La Verne Nowak

this 11th day of March, 1981

Signature C. L. Morgan

C. L. MORGAN

Name (Typed or Printed)



(This area for official notarial seal)

Title Order No.

Escrow or Loan No.

RECORDING REQUESTED BY

**JULES M. GILBERT**  
Attorney at Law  
1025-9th St., Rm. 205  
Sacramento, CA 95814

SPACE BELOW THIS LINE FOR RECORDER'S USE

AND WHEN RECORDED MAIL TO

Name

Street  
Address  
City &  
State

**JULES M. GILBERT**  
Attorney at Law  
1025-9th St., Rm. 205  
Sacramento, CA 95814

54400

LIBER 381 PAGE 1207

This is to certify that this document is a true and correct copy of the vital record which is on file in this office and of which I am the legal custodian.

SEAL

*William E Fairmo*

Local Registrar and County Health Officer  
Auburn, California - Date DEC 9 1980

CERTIFICATE OF DEATH  
STATE OF CALIFORNIA

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
1A. NAME OF DECEDENT—FIRST <i>Stefan</i>		1B. MIDDLE <i>nmn</i>		1C. LAST <i>Nowak</i>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <i>12-4-1980</i>		2B. HOUR <i>0700</i>	
3. SEX <i>Male</i>	4. RACE <i>Cauc.</i>	5. ETHNICITY -----		6. DATE OF BIRTH <i>March 29, 1911</i>		7. AGE <i>69</i> YEARS	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS HOURS	MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <i>Illinois</i>		9. NAME AND BIRTHPLACE OF FATHER <i>Joseph Nowak</i>				10. BIRTH NAME AND BIRTHPLACE OF MOTHER <i>Anna Klick</i>			
11. CITIZEN OF WHAT COUNTRY <i>USA</i>		12. SOCIAL SECURITY NUMBER [REDACTED] <i>2502</i>		13. MARITAL STATUS <i>Married</i>		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) <i>Laverne DeBouche</i>			
15. PRIMARY OCCUPATION <i>Machinist</i>		16. NUMBER OF YEARS THIS OCCUPATION <i>25</i>	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <i>Case Co.</i>		18. KIND OF INDUSTRY OR BUSINESS <i>Farm Machinery</i>				
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <i>9349 Central Ave.</i>				19B.		19C. CITY OR TOWN <i>Orangevale</i>			
19D. COUNTY <i>Sacramento</i>				19E. STATE <i>California</i>		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <i>LaVerne Nowak/wife 9349 Central Ave. Orangevale, CA. 95662</i>			
21A. PLACE OF DEATH <i>Hacienda Conv. Hospital</i>		21B. COUNTY <i>Placer</i>		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <i>600 Sunrise Ave.</i>		21D. CITY OR TOWN <i>Roseville</i>			
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <i>Respiratory Failure</i> <i>mes-yr</i> CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (B) <i>Severe Chronic obstructive lung disease</i> <i>43</i> DUE TO, OR AS A CONSEQUENCE OF (C) <i>Cor pulmonale</i>									
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH						24. WAS DEATH REPORTED TO CORONER? <i>NO</i>			
25. WAS BIOPSY PERFORMED? <i>NO</i>						26. WAS AUTOPSY PERFORMED? <i>NO</i>			
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION						DATE			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) <i>Nov 18, 1980</i>		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>Chai Yian Chou</i>		28C. DATE SIGNED <i>12/4/80</i>		28D. PHYSICIAN'S LICENSE NUMBER <i>A 30969</i>			
28E. TYPE PHYSICIAN'S NAME AND ADDRESS <i>Nov 18, 1980 Nov 19, 1980</i>		28F. TYPE PHYSICIAN'S NAME AND ADDRESS <i>Dr. Chai Yian Chou 1133 Colman Way Roseville CA- 95678</i>							
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)				35B. CORONER—SIGNATURE AND DEGREE OR TITLE				35C. DATE SIGNED	
36. DISPOSITION <i>cremation</i>		37. DATE—MONTH, DAY, YEAR <i>12-4-80</i>		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY <i>Lodi Crematory/Lodi, CA.</i>				39. EMBALMER'S LICENSE NUMBER AND SIGNATURE <i>No Embalming</i>	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <i>Rocha's Mortuary</i>				41. LOCAL REGISTRAR—SIGNATURE <i>William E Fairmo</i>		42. DATE ACCEPTED BY LOCAL REGISTRAR <i>DEC 4 1980</i>			
STATE REGISTRAR	A.	B.	C.	D.	E.	F.			

COPY

REQUESTED BY  
TITLE INSURANCE & TRUST CO.

IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

*\$ 5.00 pd*  
1981 MAR 17 AM 10:08

MARIE A. RABEL  
RECORDER

*Copied & sent*  
*Dep.*

54400

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381 PAGE 1209