

When recorded mail to:  
Ms. Patricia Michalek  
2106-5th Avenue  
Scotts Bluff, Nebraska 69361

Order #103159

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF NEBRASKA )

COUNTY OF SCOTTS BLUFF )

PATRICIA J. MICHALEK, being first duly sworn, deposes  
and says:

That Affiant is the surviving spouse of RICHARD D. MICHALEK,  
and that the Affiant and the said RICHARD D. MICHALEK,  
deceased are the Grantees in Joint Tenancy under that certain Joint Tenancy  
Deed dated the 18th day of December 1978, under the terms of  
which PACIFIC UNION ASSOCIATION OF SEVENTH DAY ADVENTISTS, a  
California Corporation,  
was Seller, to RICHARD D. MICHALEK and PATRICIA J. MICHALEK,  
husband and wife, as Joint Tenants, upon the terms, coven-  
ants and provisions as set forth therein, said document recorded January  
17, 1979, in Book 179. Page 907, being Document No.  
29104, of the Official Records in Douglas  
County, Nevada, affecting all that certain piece or parcel of land,  
situate in the County of Douglas, State of Nevada

Lot 165, as shown on the map of TOPAZ RANCH ESTATES UNIT NO.  
2, filed in the office of the County Recorder of Douglas County,  
Nevada, on February 20, 1967, as Document No. 35464.

Assessment Parcel No. 37-254-02-6

That the said RICHARD D. MICHALEK, one of the  
the Joint Tenancy Deed, died on the 27<sup>th</sup> day of March  
1983, and is the identical person named in that certain certified copy  
of Certificate of Death, attached hereto as Exhibit "A", that the said certified  
copy of Death Certificate is hereby referred to and by such reference is incorp-

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1 orated into this paragraph as though herein fully set forth. That all interest  
2 in and to said real property, hereinabove described, vested absolutely in Affiant  
3 namely, PATRICIA J. MICHALEK,  
4 as of the date of decedent's death.

5  
6  
7  
8 *Patricia J. Michalek*  
9 PATRICIA J. MICHALEK

10  
11 SUBSCRIBED AND SWORN TO Before me  
12 this 17<sup>th</sup> day of OCTOBER, 1983

13  
14 *John K. Sorensen*  
15 NOTARY PUBLIC

16  
17 **GENERAL NOTARY - State of Nebraska**  
18 **JOHN K. SORENSEN**  
19 **My Comm. Exp. Oct. 16, 1986**

EXHIBIT "A"  
STATE OF NEBRASKA - DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

M-242

DECEDENT - NAME FIRST: <i>Richard</i> MIDDLE: <i>Dean</i> LAST: <i>Michalek</i>			SEX <i>Male</i>	DATE OF DEATH (Mo., Day, Yr.) <i>March 27, 1983</i>	
RACE - (e.g., White, Black, American Indian, etc.) (Specify) <i>White</i>	ORIGIN/DESCENT (e.g., Italian, Mexican, German, etc.) (Specify) <i>Bohemian - English</i>	AGE - last birthday (Yrs) <i>53</i>	UNDER 1 YEAR MOS. : DAYS : HOURS : MINS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.) <i>May 11, 1929</i>
CITY AND STATE OF BIRTH (If not in U.S.A., name country) <i>Central City, Nebraska</i>	CITIZEN OF WHAT COUNTRY <i>USC</i>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	NAME OF SPOUSE (If wife, give maiden name) <i>Patricia Jean Richardson</i>		
SOCIAL SECURITY NUMBER <i>██████-9682</i>	USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <i>Salesman</i>	KIND OF BUSINESS OR INDUSTRY <i>Real Estate</i>	COUNTY OF DEATH <i>Scotts Bluff</i>		
CITY, TOWN OR LOCATION OF DEATH <i>Scottsbluff</i>	INSIDE CITY LIMITS (Specify Yes or No) <i>Yes</i>	HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) <i>West Nebraska Gen. Hospital</i>	IF HOSP OR INST indicate DOA: Outpatient, Emer. Rm., Inpatient (Specify) <i>D.O.A.</i>		
RESIDENCE - STATE <i>Nebraska</i>	COUNTY <i>Scotts Bluff</i>	CITY, TOWN OR LOCATION <i>Scottsbluff</i>	STREET AND NUMBER <i>2106 5th Avenue</i>	INSIDE CITY LIMITS (Specify Yes or No) <i>Yes</i>	
FATHER - NAME FIRST MIDDLE LAST <i>Edward Michalek</i>		MOTHER - MAIDEN NAME FIRST MIDDLE LAST <i>Myrtle Sims</i>			
WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) (If yes, give unit and dates of service) <i>Yes Korean - 1950 - 1953</i>		INFORMANT - NAME - RELATIONSHIP - MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <i>Pat Michalek, wife, 2106 5th Avenue, Scottsbluff, Nb. 69361</i>			
BURIAL, Cremation, Removal <i>Burial</i>	DATE <i>March 31, 1983</i>	CEMETERY OR CREMATORY - NAME <i>Fairview Cemetery</i>	LOCATION <i>Scottsbluff, Nebraska</i>	STATE <i>Nebraska</i>	
EMBALMER - SIGNATURE & LICENSE NO. <i>Carroll Thomas 2113</i>		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <i>Jolliffe F.H., 2104 Broadway, Scottsbluff, Nebraska 69361</i>			
DATE OF DEATH (Mo., Day, Yr.) <i>March 27, 1983</i>		DATE SIGNED (Mo., Day, Yr.) <i>March 31, 1983</i>		HOUR OF DEATH <i>11:55 a.m.</i>	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. <i>31 1983</i>		To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. <i>11:55 a.m.</i>		On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) <i>Greg Quick MD 4021 Avenue B Scottsbluff, Nebraska 69361</i>					
REGISTRAR <i>Ueda Alaney</i>				DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <i>April 7, 1983</i>	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) <i>Cardiac Arrest</i>					Interval between onset and death
(a) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
PART OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related		PART IN IF FEMALE WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes <input type="checkbox"/> No <input type="checkbox"/>		AUTOPSY (Specify Yes or No) <i>28</i>	
ACCIDENT, SUICIDE, HOMICIDE, UNDET. OR PENDING INVESTIGATION (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE ABOVE TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

**SEAL**

*Freda Theis*

DIRECTOR OF VITAL STATISTICS AND ASSISTANT STATE REGISTRAR  
LINCOLN, NEBRASKA Issued April 11, 1983

REQUESTED BY  
**DOUGLAS COUNTY TITLE**  
OFFICIAL RECORDS  
# 7.00pl  
1983 OCT 24 AM 11:53  
SUZANNE B. AUDREAU  
RECORDER  
*Betty Herdon*  
Dep

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