

AFTER RECORDING MAIL TO

C. BRUCE HAMILTON

167 South San Antonio Road, #16
Los Altos, CA 94022

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT — DEATH OF JOINT TENANT

ALL
PTN.

State of California, }
County of Santa Clara } ss.

Doris C. Przybyla, of legal age, being first duly sworn, deposes and says:

That Leon Hugh Przybyla, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Leon H. Przybyla named as one of the parties in that certain Grant Deed dated October 15, 1976, executed by Nathan B. Davis

to Leon H. Przybyla and Doris C. Przybyla, as joint tenants, recorded as Instrument No. 04050 on October 18, 1976, in Book 1076, Page 795, of the Official Records of Douglas County, ~~California~~ Nevada, covering the following described property situated in the said County, State of ~~California~~ Nevada

Lot 8, as shown on the Final Map of Carson Valley Estates Subdivision, Unit No. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 23, 1970, Document No. 50685.

1348 Toiyobe
Gardnerville, Nevada

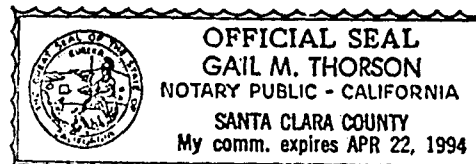
APN 25-391-19

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 \$ _____

Doris C. Przybyla
Doris C. Przybyla

Subscribed and Sworn to before me
this 20th day of September, 1991

Gail M. Thorson (Sign)
Notary Public Commissioned for said County and State



266576

BOOK 1291 PAGE 981

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

HEALTH DEPARTMENT
2220 MOORPARK AVE., SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH 39043-005571

STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) Leon		1B. MIDDLE Hugh	1C. LAST (FAMILY) Przybyla
2A. DATE OF DEATH—MO. DAY, YR. August 15, 1990		2B. HOUR 1505	3. SEX M
4. RACE Caucasian		5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO. DAY, YR. October 16, 1918
7. AGE IN YEARS 71		IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HOURS HOURS _____ MINUTES _____
8. STATE OF BIRTH Utah	9. CITIZEN OF WHAT COUNTRY U.S.A.	10A. FULL NAME OF FATHER Michael Walter Przybyla	10B. STATE OF BIRTH Germany
11A. FULL MAIDEN NAME OF MOTHER Mabel Gardner		11B. STATE OF BIRTH Utah	
12. MILITARY SERVICE? 19 41 TO 19 45 <input type="checkbox"/> NONE	13. SOCIAL SECURITY NO. 8961	14. MARITAL STATUS Married	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Doris Catherine Wehrwein
16A. USUAL OCCUPATION Sales Engineer	16B. USUAL KIND OF BUSINESS OR INDUSTRY Control System	16C. USUAL EMPLOYER self employed	16D. YEARS IN OCCUPATION 20
17. EDUCATION—YEARS COMPLETED 18		18A. RESIDENCE—STREET AND NUMBER OR LOCATION 2101 Middlefield Road	
18B. CITY Palo Alto		18C. ZIP CODE 94301	
18D. COUNTY Santa Clara	18E. NUMBER OF YEARS IN THIS COUNTY 44	18F. STATE OR FOREIGN COUNTRY California	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Doris Przybyla - Wife 2101 Middlefield Road Palo Alto, CA 94301
19A. PLACE OF DEATH Stanford Medical Center	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA ER	19C. COUNTY Santa Clara	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Cardiac Arrest
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 300 Pasteur Dr.	19E. CITY Palo Alto	22. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 90-227010	23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 4149 Cardiomyopathy, Diabetes	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.
PHYSICIAN'S CERTIFICATION I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 1984 27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN Robert Blumberg M.D. 27C. PHYSICIAN'S LICENSE NUMBER 670999 27D. DATE SIGNED 8-17-90 27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Robert Blumberg, M.D., 1150 Veterans Blvd. Redwood City, CA	CORONER'S USE ONLY I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER [Signature] 28B. DATE SIGNED [Date] 29. MANNER OF DEATH—select one: natural, accident, suicide, homicide, pending investigation or could not be determined [Blank] 30A. PLACE OF INJURY [Blank] 30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO 30C. DATE OF INJURY MONTH, DAY, YEAR [Blank] 30D. HOUR [Blank] 31. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) [Blank] 32. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) [Blank]	FUNERAL DIRECTOR AND LOCAL REGISTRAR 34A. DISPOSITION(S) Burial 34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Skylawn Memorial Park San Mateo, CA 34C. DATE MO. DAY, YEAR 8/24/1990 34D. SIGNATURE OF EMBALMER [Signature] 34E. LICENSE NUMBER 5923 35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Roller & Hapgood & Tinney 35B. LICENSE NO. F-132 35C. SIGNATURE OF LOCAL REGISTRAR Stephen A. Coray M.D. 35D. REGISTRATION DATE Aug 17 1990	STATE REGISTRAR A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. CENSUS TRACT 51100

VS-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

H421843

STATE OF CALIFORNIA)
COUNTY OF SANTA CLARA) SS

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED
BY

SEP 12 1991

BOOK 1291 PAGE 982

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Stephen A. Coray M.D.

STEPHEN A. CORAY, MD
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

266576



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY
C. Bruce Hamilton
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

91 DEC -9 10:19

SUZANNE BLANCHARD
RECORDER

\$ 7.00 PAID KS DEPUTY

266576

BOOK 1291 PAGE 983