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
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 <u>Grant, Bargin, Sale Deed</u> dated <u>undated</u> , 19, executed by <u>Myurel G. Nowlin</u>
to Leon H. Przybyla and Doris C. Przybyla
as joint tenants, recorded as Instrument No. 154800 on May 14 , 19 87 in
Book 587 , Page 1371 , of the Official Records of Douglas
County, Gulifornia, covering the following described property situated in the said County, State of California: Nevada Lot 295, as shown on the map of Gardnerville Ranchos Unit No. 6, filed for record in the office of the County Recorder of Douglas County, Nevada, on May 29, 1973, as File No. 66152. APN 29-173-29 754 Wagon A & B Gardnerville, Nevada
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. Przybegla Doris C. Przybyla
Subscribed and Sworn to before me
this Zoth day of September, 1991 OFFICIAL SEAL GAIL M. THORSON NOTARY PUBLIC - CALIFORNIA
Notary Public Commissioned for said County and State (Sign) Notary Public Commissioned for said County and State SANTA CLARA COUNTY My comm. expires APR 22, 1994 ROOK 2.91 PACE 986



COUNTY of SANTA CLARA

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

CERTIFICATE OF DEATH STATE OF CALIFORNIA STATE FILE NUMBER USE BLACK INK ONLY LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER IA. NAME OF DECEDENT 1B. MIDDLE August 15, 1990 FIRST 1C. LAST (FAMILY) Leon Hugh Przybyla 1505 4. RACE 6. DATE OF BIRTH-MO, DAY, Y 7. AGE IN 1918 October 16, Caucasian COUNTRY DECEDENT 108. STATE OF 11A, FULL MAIDEN NAME OF MOTHER 11B. STATE O PERSONAL Utah Utah Michael Walter Przybyla Germany Mabel Gardner DATA 12. MILITARY SERVICE? 15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) 13. SOCIAL SECURITY NO. 14. MARITAL STATUS <u>41, , 45</u>[8961 Married Doris Catherine Wehrwein 16A. USUAL OCCUPATION 16B. USUAL KIND OF BUSINESS OR INDUSTRY 16C. USUAL EMPLOYER 16D. YEARS IN OCCUPATION 17. EDUCATION-YEARS COMPLETED 20 <u>Sales Engineer</u> Control System self employed 18 188. CITY 18C. ZIP CODE 2101 Middlefield Road USUAL Palo Alto 94301 RESIDENCE 18E. NUMBER OF YEARS 18F. STATE OR FOREIGN COUNTRY 18D. COUNTY 20. NAME RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT DOTIS Przybyla - Wife California Santa Clara 19A. PLACE OF DEATH 198, IF HOSPITAL SPECIE 19C. COUNT 2101 Middlefield Road OHERIP. ER/OP. DOA PLACE Stanford Medical Center Santa Clara Palo Alto, CA 94301 OF 19D. STREET ADDRESS-STREET AND NUMBER OF LOCATION DEATH TIME INTERVAL X YES 90-227010 [Palo Alto 300 Pasteur Dr. AND DEATH 21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A. B. AND C) 23. WAS BIOPSY PERFORMED YES CAUSE 24A. WAS AUTOPSY PERFORMED OF ON K DEATH DUE TO YES 24B. WAS IT USED IN DETERMINING CAUS DUE TO (10) YES 25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25.

IF YES, LIST TYPE OF OPERATION AND DATE. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH 27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN 27C. PHYSICIAN'S LICENSE NUMBER 27D. DATE SIGNED OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 674999 CIAN'S 27A. DECEDENT ATTENDED SINCE DECEDENT LAST SEEN ALIVE CERTIFICA TYPE ATTENDING THYSICIAN'S NAME AND ADDRESS TION 148 Robert Blumberg, M.D., 1150 Veterans Blvd. Redwood City, C -31-90 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 CORON CORONER'S 29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined 30A. PLACE OF INJUR 308. INJURY AT WORK 30C. DATE OF INJURY MONTH, DAY, YEAR 31. Hours USE No YES 32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) 33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED 34A. DISPOSITION(S) 34B. PLACE OF FINAL DISPOSITION—NAME A Skylawn Memorial Park Burial San Mateo, CA
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) 36B FUNERAL 350. LICENSE MO. DAY. YE 8/24/1990 DIRECTOR AND 36B. LICENSE NO LOCAL REGISTRAR Roller & Hapgood & Tinney F-132 D. REGISTRAR VS-11 (REV. 3-89) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

H306362

STATE OF CALIFORNIA COUNTY OF SANTA CLARA CERTIFIED COPY OF VITAL RECORDS

AUG 2 2 1990

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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, MD

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.

CUARA COLLING OF THE PARTY OF T



DATE ISSUED

REQUESTED BY C Bruce Hamilton IN OFFICIAL REGORDS OF GOUGLAY CO... HE YADA

91 DEC -9 A10:23

SUZANNE BEAUGREAU 266578

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