

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, Bargain, Sale Deed

dated October 29, 1986,

executed by Myurel G. Nowlin

to Leon H. Przybyla and Doris C. Przybyla

as joint tenants, recorded as Instrument No. 144158

on October 29, 1986, in

Book 1086, Page 3773, of the Official Records of Douglas

County, ~~California~~, covering the following described property situated in the said County, State of ~~California~~:

Nevada

Nevada

Lot 354, as shown on the map of Gardnerville Ranchos Unit No. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, as File No. 72456

APN 29-314-11

1346 Victoria
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 \$_____.

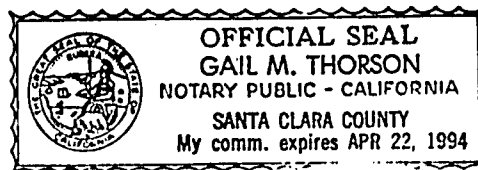
Doris C. Przybyla

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



266580

BOOK 1291 PAGE 991

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

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

CERTIFICATE OF DEATH 39043-005571

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
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
8. STATE OF BIRTH Utah		9. CITIZEN OF WHAT COUNTRY U.S.A.	10A. FULL NAME OF FATHER Michael Walter Przybyla
12. MILITARY SERVICE? 101		13. SOCIAL SECURITY NO. 8961	14. MARITAL STATUS Married
16A. USUAL OCCUPATION Sales Engineer		16B. USUAL KIND OF BUSINESS OR INDUSTRY Control System	16C. USUAL EMPLOYER self employed
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 2101 Middlefield Road		18B. CITY Palo Alto	18C. ZIP CODE 94301
19A. PLACE OF DEATH Stanford Medical Center		19B. IF HOSPITAL, SPECIFY OR, P, 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		23. WAS BLOODY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24A. WAS AUTOPSY PERFORMED? <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 Cardiomycopathy, Diabets		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 1987		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN Robert Blumberg, M.D.	27C. PHYSICIAN'S LICENSE NUMBER 620999
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Robert Blumberg, M.D., 1150 Veterans Blvd. Redwood City, CA		28B. DATE SIGNED 8-17-90	
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY	30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
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
35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Roller & Hapgood & Tinney		35B. LICENSE NO. F-132	35C. SIGNATURE OF EMBALMER Stephen A. Coray M.D.
36. LICENSE NO. F-132		37. SIGNATURE OF LOCAL REGISTRAR Stephen A. Coray M.D.	38. REGISTRATION DATE Aug 17 1990
STATE REGISTRAR		CENSUS TRACT 51100	

V5-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

266580

H421842

CERTIFIED COPY OF VITAL RECORDS

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STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

DATE ISSUED
BY

SEP 12 1991
Stephen A. Coray M.D.

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
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

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

'91 DEC -9 A10 :26

SUZANNE DE AUDREAU
RECORDER

266580

\$ 7.00 PAID KQ DEPUTY

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