## RECORDING REQUESTED BY

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							
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 <u>Grant</u> , <u>Bargin</u> , <u>Sale Deed</u> <u>dated October 29</u> , 19 86, executed by <u>Myurel G. Nowlin</u>						
	to Leon H. Przybyla and Doris C. Przybyla						
	as joint tenants, recorded as Instrument No. 144158 on October 29 , 19 86, in						
	Book 1086 , Page 3773 , of the Official Records of Douglas County, Galifornia, covering the following described property situated in the said County, State of €alifornia:  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 \$						
	Notary Public Commissioned for said County and State  (Sign)  Notary Public Commissioned for said County and State    Santa Clara County   266580						



## **COUNTY of SANTA CLARA**

HEALTH DEPARTMENT

2220 MOORPARK AVE., SAN JOSE, CALIFORNIA 95128

		CERTIFI	CATE OF DEATH	39043-00	57	
	STATE FILE NUMBER	STATE OF CALIFORNIA USE BLACK INK ONLY		LOCAL REGISTRATIC	LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
	1A. NAME OF DECEDENT-FIRST	1B. MIDOLE	1C. LAST (FAMILY)	ZA. DATE OF DEA	TH-MO DAY, YR 28. HOUR 3. SEX	
-	Leon (Giview)	Hugh	Przybyla	August 15,	1990 1505 M	
Ľ		5. SPANISH/HISPANIC-SPECI	S DATE OF BIRTH-	-MO. DAY. YR 7. AGE IN	F UNDER 1 YEAR F UNDER 24 HOURS	
	4. RACE	a. SPANISH HISPANIC—SPECIA	•	) YEARS '	MONTHS DAYS HOURS MINUTES	
ļ.	Caucasian	YES	_k № October 16	OF 11A. FULL MAIDEN NA	ME OF MOTHER 118, STATE OF	
DECEDENT	8. STATE OF 9. CITIZEN OF WHAT		Berri		Вотн	
PERSONAL	Utah U.S.A.	Michael Wal	ter Przybyla¦Germa	ny Mabel Gardn		
DATA		3. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING	SPOUSE OF WIFE, ENTER MARDEN NAME)	
10	/1 45□	8961	Married	Doris Catherin	e Wehrwein	
·	19 41 TO 19 45 NONE	16B, USUAL KIND OF BUSINE		16D. YEARS IN	17. EDUCATION-YEARS COMPLETED	
		OR INDUSTRY		ed 20	18	
	Sales Engineer	<u> Control System</u>	self employe	I BB. CITY	118C, ZIP CODE	
	1BA. RESIDENCE-STREET AND NUMB	ER OR LOCATION		L 1/1/2	. 10/201	
USUAL	2101 Middlefield Ro	oad		! Palo Al		
RESIDENCE	18D. COUNTY	18E, NUMBER OF	Common 1 of 1	COUNTRY 20. NAME, RELATION	NEHP, MAILING ADDRESS OF IMPORMANT	
ļ	Santa Clara	! 74	California	Doris Prz	ог ыгогмант ybyla - Wife	
	19A. PLACE OF DEATH	19B. IF HOSPITA	L SPECIFY 19C. COUNTY	2101 Midd	lefield Road	
PLACE	Stanford Medical Co		Cop. DOA   Santa Clara	Palo Alto	, CA 94301	
OF	19D. STREET ADDRESS—STREET A		19E. CITY		WAS DEATH REPORTED TO COSCNER?	
DEATH	1		Palo Alto	BETWEEN ONSET	X -290-227010 No	
12	300 Pasteur Dr.	1	N N N N		3. WAS BIOPSY PERFORMED?	
	21. DEATH WAS CAUSED BY: (E)	ITER ONLY ONE CAUSE PER	R LINE FOR A. B. AND CI	<b>∠!</b> ∧.   □	П П	
	IMMEDIATE (A) Cacle	Acrest		Dillinh	YES NO	
CAUSE	CAUSE (	1 1		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	A. WAS AUTOPSY PERFORMED?	
OF	DUE TO (B) COCOC	Arkes Il	"Court	(CIC)	L YES NO	
DEATH	DUE TO	<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>		2	4B. WAS IT USED IN DETERMINING CAUSE	
					YES NO .	
	DUE TO (IC) 25. OTHER SIGNIFICANT CONDITIONS	COMPRESSION TO DEATH BUT N	OT RELATED TO CAUSE GIVEN IN 21	26. WAS OPERATION PERFORM	ED FOR ANY CONDITION IN ITEM 21 OR 257	
	1 11 11 11	0 1 1		F YES, LIST TYPE OF OPERA	TION AND DATE.	
4149	Cercionycoon	Viabers	Description Time	DE PATRICIAN 27C. PHYSICIAN	'S LICENSE NUMBER 27D. DATE SIGNED	
	I CERTIFY THAT TO THE BEST OF MY I	(NOWLEDGE DEATH 275. PLACE STATED FROM THE	110 - 00 0	in po 6249		
PHYSI- CIAN'S	CAUSES STATED. 27A. DECEDENT ATTENDED SINCE DE		(Lied) Mund		18-17 10	
CERTIFICA-	MONTH, DAY, YEAR	MONTH, DAY, YEAR	TYPE ATTENDING PHYSICIAN'S	NAME AND ADDRESS	Diad Dadwood City CA	
TION	1984	5-31-90 Rob	ert Blumberg, M.D.	,1150 Veterans	Blvd.Redwood City,CA	
	I CERTIFY THAT IN MY OPINION DEA	TH OCCURRED AT 28A.	. SIGNATURE AND TITLE OF CORONE	R OR DEPUTY CORONER	288. DATE SIGNED	
-	THE HOUR, DATE AND PLACE STATES	FROM THE CAUSES	/ /		l	
CORONER'S	29. MANNER OF DEATH—SKUTY ONE I	utural, accident. SOA. PLACE O	OF INLIURY	30B. INJURY AT WORK	SOC. DATE OF INJURY 31. HOUR	
USE	suicide, homicide, pending investigation or could	not be determined		YES NO	BONIA, DAI, 120	
ONLY			33. Des		(EVENTS WHICH RESULTED IN INJURY)	
	32. LOCATION (STREET AND MANSER	OR LOCATION AND CITY		•	1	
/				OSA Siguand	E OF EMBALMEN / 35B. LICENSE	
FUNERAL	34A. DISPOSITIONIS) 34B. PLAC	E OF FINAL DISPOSITION NAME	. M	O. DAY, YEAR	NUMBER	
DIRECTOR		awn Memorial Par Mateo, CA	8/24	1/1990	Cini   5923	
AND	36A. NAME OF FUNERAL DIRECTOR (C		B. LICENSE NO. 37. SIGNATU	RE OF LOCAL REGISTRAR	38. REGISTRATION DATE	
LOCAL REGISTRAR	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		F-132	w D. Com	2.0 Tile 1 7 1990	
REGISTION			D. E	F.	CENSUS TRACT	
STATE	1'''	/ ["/		'	511100	
REGISTRAR		_//	RES, WHITEOUTS, OR OTHER ALTI	EDATIONS		
V5-11 (REV. 3	3-89)	MAKE NO ERASUR	RES. WHITEOUTS, OR OTHER ACT	LIAMO 13	266580	
1		' /			20000	
744		A COMM		CORDS	1004 004 Mar 00	
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	COUNTY OF SAN	TA CLARA 🎜 🕠 💮 🖺	DATE ISSUED	VILL I L	Manning Mannin	

COUNTY OF SANTA CLARA

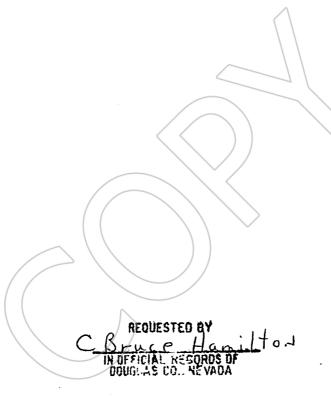
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This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH,

ohen A long B.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.



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\*\*\*CORDER DEPUTY

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