

9- ✓ LEO J. KOZIMKO
1510 Church St.
Gardnerville NV 89410

RECORDED AT THE REQUEST OF:
HERMAN G. HERBIG, ESQ.

~~WHEN RECORDED, MAIL TO:~~
HERMAN G. HERBIG, ESQ.
504 MULLER LANE
MINDEN, NEVADA 89423

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA, DOUGLAS COUNTY: ss.

LEO J. KOZIMKO, having first been duly sworn, deposes and says that she is over the age of twenty-one (21) years and is competent to testify to the matters hereinafter stated.

1. Affiant is the surviving spouse of MARY P. KOZIMKO, Deceased.
2. Affiant is the person named as one of the Grantees in that certain deed recorded in the Office of the County Recorder of Douglas County, State of Nevada on 8-27-1962 in Book 13, at Page 378 as Document No. 20715.
3. The real property subject to joint tenancy with right of survivorship is located in Douglas County, State of Nevada and is more particularly described as follows:

Lot 3 & 4 of the Town of Gardnerville, West Addition as shown on the official map thereof filed in the office of the County Recorder of Douglas County, State of Nevada.

APN 25-263-06

4. The Decedent, MARY P. KOZIMKO, died on February 8, 1998 in Douglas County, Nevada. A true copy of the Certificate of Death is attached hereto and made a part hereof.
5. Affiant swears under the penalty of perjury that the statements contained in this affidavit are true.

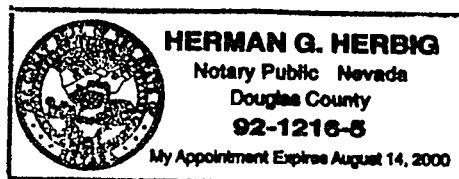
FURTHER YOUR AFFIANT SAYETH NAUGHT.

DATED: 31 August 98

Leo J. Kozimko
LEO J. KOZIMKO

SUBSCRIBED AND SWORN
before me on ^{August} September 31, 1998.

[Signature]
NOTARY PUBLIC



0448473
BK0898PG7121

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH STATE OF NEVADA VITAL STATISTICS OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1. <u>Mary P. KOZIMKO</u>				2. <u>February 8, 1998</u>	3a. <u>Douglas</u>
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX
3b. <u>Gardnerville</u>		3c. <u>Cottonwood Care Center</u>		3e. <u>Inpatient</u>	4. <u>Female</u>
RACE—(e.g., White, Black, American Indian, etc) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	DATE OF BIRTH (Mo., Day, Yr.)
5. <u>White</u>		6. <input checked="" type="checkbox"/>		7a. <u>75</u>	8. <u>November 12, 1922</u>
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
9a. <u>New Jersey</u>		9b. <u>U.S.A.</u>		10. <u>10</u>	11. <u>Married</u>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. <u>8575</u>		14a. <u>Homemaker</u>		14b. <u>Own Home</u>	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER
15a. <u>Nevada</u>		15b. <u>Douglas</u>	15c. <u>Gardnerville</u>		15d. <u>1510 Church Street</u>
INSIDE CITY LIMITS (Specify Yes or No)		15e. <u>Yes</u>			
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
16. <u>Nicholas Pacaluyko</u>		17. <u>Michaelina Zatorska</u>			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. <u>Leo Kozimko - Husband</u>		18b. <u>1510 Church Street, Gardnerville, Nevada 89410</u>			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. <u>Burial</u>		19b. <u>Lone Mountain Cemetery</u>		19c. <u>Carson City, Nevada</u>	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. <u>[Signature]</u>		20b. <u>50</u>		20c. <u>1478 Fourth Street, Minden, Nevada 89423</u>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <u>[Signature]</u> DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		22a. 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) and manner stated. (Signature and Title) <u>[Signature]</u> DATE SIGNED (Mo., Day, Yr.)	
21b. <u>2/09/98</u>		21c. <u>2000</u>		22b. <u>ON</u>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. <u>ON</u>		22e. <u>AT</u>	
21d. <u>Dr. A. Weed, 1540 Hwy 395, Gardnerville, Nevada 89410</u>		22f. <u>ON</u>		22g. <u>AT</u>	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER			
23a. <u>Dr. A. Weed, 1540 Hwy 395, Gardnerville, Nevada 89410</u>		23b. <u>0675</u>			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) <u>[Signature]</u>		24b. <u>Feb 11-1998</u>		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death			
PART I (a) <u>lung cancer</u> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) <u>metastatic cancer</u> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) _____		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
25. <u>proteic caloric malnutrition</u>		26. <u>No</u>		27. <u>Yes</u>	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
28a. _____		28b. _____	28c. <u>M</u>	28d. _____	
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
28e. _____		28f. _____		28g. _____	28h. _____

STATE REGISTRAR

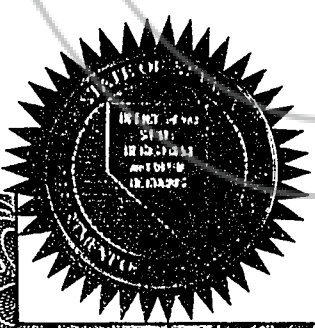
No. 116495

[Signature]

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: FEB 11 1998 0448473

State Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Les Kozimko
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'98 AUG 31 P4:22

0448473

LINDA SLATER
RECORDER
\$ 9.00 PAID k2 DEPUTY

BK0898PG7123