AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF Clark ss.
SUSAN KROUSCAS That JAMES KROUSCAS That JAMES KROUSCAS Of legal age, being first duly sworn, deposes and says: the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JAMES KROUSCAS
named as one of the parties in that certain QUITCLAIM DEED dated JANUARY 14, 1998 executed by JEROME LAWRENCE BETTENCOURT to JAMES KROUSCAS AND SUSAN KROUSCAS, HUSBAND AND WIFE
as joint tenants, recorded as Instrument No. 0434901, onMARCH_13, 1998 in Book, Page, of Official Records ofDOUGLAS County, Nevada, covering the following described property situated in theCOUNTY_OF_DOUGLAS
County, State of Nevada:
LOT 73, AS SHOWN ON MAP OF PONDEROSA PARK SUBDIVISION, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON FEBRUARY 25, 1970, AS DOCUMENT NO. 47249. APN: 07-162-45
DATE: May 27, 1999
STATE OF Nevada STATE OF Nevada State OF Nevada State OF Nevada No. 98-3505-1 My appt. exp. Apr. 22, 2002
b 10.00
This instrument was acknowledged before me on JUNE 3, 1999 (This area above for official notarial seal)
Signature B. B. W. Notary Public

RECORDING REQUESTED BY:

STEWART TITLE COMPANY
WHEN RECORDED MAIL TO:

SUSAN KROUSCAS 4430 BLUECREST ROAD LAS VEGAS, NV 89121

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			. ,						HUMAN RI						
	- (06767	7	DIVIS	SION OF		— SECTI FICATE (VITAL STA ATH	TISTICS	_				
		CAL FILE NUMBER		, 					DATE OF DEATH (Month, Day, Year)				STATE FILE NUMBER		
OR PRINT	DECEASED J	NAME First	A.	Middle		KROÚSO	CAS			• •	y, Yeer) 29, 199	ا مد		Clark	
PERMANENT BLACK BOX	1.	OR LOCATION OF DE		HOSPITAL	OR OTHER I	NSTITUTION-1		her, give stre	6 -	H Hose, o	r Inst. Indicate	DOA DP/	-	SEX	
	30. Las Vegas			3c. Desert Springs Hospital									ient . Male		
DECEDENT	RACE—(a.g., inclass) 5.	White, Black, America (Specify)	n Was C specify 6.	Decedent of Hi Mexican, Cu	epanic Origin bari, Puerto P	? Specify D yes lican, etc.	i □ n if yes,	AGE-Last Birthday (Xa 7a.	UNDEN MOS 7b.		UNDER 1 DA HOURS MIR	18		(Mo., Doy, Yr.) .4, 1934	
E DEATH COCUMED IN INSTITUTION	STATE OF BIRTH (If not U.S. C. 2711 TOThis			CITIZEN OF WHAT COUNTRY U. S. A. Decedent's Education. Specify his grade completed. 4					WIDOWED, DIVORCEP				SURVIVING SPOUSE (N who, give maiden name) 12. Sonjia S. Cappacule		
REGINENIS COMPLETION OF RESIDENCE ITEMS	SOCIAL SECT	965	3 ₩	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Sarie and / Retired					KIND OF BUSINESS OR INDUSTRY 146. Trucking						
L	RESIDENCE-	abave	COUNTY (Clark		CITY, TOWN,	or LOCATION		STR 15d.	EET AND NU	MBER NECTEST IN		INSIDE (Specif) 15e.	CITY LIMITS	
PARENTS	FATHER-NA	ME First then		Middle	Kr	OUCES OUCES	MOTI	Sof		First		Middle	DIA	NONTOPOULO	
	NFORMANT—NAME (Type or Print) Sonjia S. Krouscas - Wife MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zp) 4430 Bluecrest Rd. Las Vegas, NV. 89121														
DISPOS TION	BURIAL, CRE	MATION, REMOVAL,	OTHER (Sp	ecity)		or CREMATO		7		LOCATI	Las Vo		Neva		
	FUNERAL DI	RECTOR SIGNATUR	12	1	FUNERAL C LICENSE A	UMBER	AME AND ADD 245		ACHELLI I					i nd Burial /ada 89108	
7	210. TO	me best of my know to the cause(s) state		occurred at the	to time date			16.			ion and/or inve e and due to i	stigation, in he cause(s	my opinion) and mann	n death occurred er stated.	
	HYSK (S	ignature and Title) ATE SIGNED (Mo., D.			OUR OF DEA	TH		- Se	(Signature and T DATE SIGNED (Mo., Day, Yr.)		HOUR OF D	DEATH		
	20 S	b. 9/3	AP	21	C.	4:45 P	H	E.Z	220.	\	1	22c.	1		
CERTIFIER	6 문	AME OF ATTENDING	PHYSICIAN	IF OTHER T	HAN CERTIF	IER (Type or Pr	int)	/ P	PRONOUNCED	DEAD (Mo., E		PRONOUN	CEP DEAD	(Hour)	
ļ	-	AME AND ADDRESS	OF CERTIF	IER (PHYSICI	AN, ATTEND	ING PHYSICIAN	, MEDICAL EX		22d. ON R CORONER). (1	ype or Print.)	L ⁱ	220. AT	ICENSE N	UMBER	
· L	2	Gregory	K. Br	yan M	D 9900	Coving							30.	97 7-/	
CONDITIONS IF ANY WHICH GAVE	REGISTRAR 248. (Signature) A Gayle Stek, Deputy 246. DATE RECEIVED BY REGISTRAR (No. Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE 248. (Signature) 246. YES NO.														
WHICH GAVE RISE TO MANEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIA	TE CAUSE TEN	_		_)R (a), (b), AND	(c).)	1		_/	,	inte	interval between onest and death		
	PART (DUE TO, OR AS A			Ane	4			<u> </u>	<u>//</u>		· Inte		en onset and death	
1	(hie	A BY	ande	The second secon		1					-	days	
-	2	DUE TO, OR AS A	CONSEQUE		- 17	0.5	1	1				Inte	erval betwe	en onset and death	
20115	` ()		And the same of th	104-	P For	han		7/4	N		_:			

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

26d

LOCATION.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

CEATH

SEAL

DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

STATE REGISTRAR

DONALD S. KWALICK, MD, M.P.H. Registrar of Vital Statistics

By:

Date Issued:

Нo

CITY OR TOWN

No.

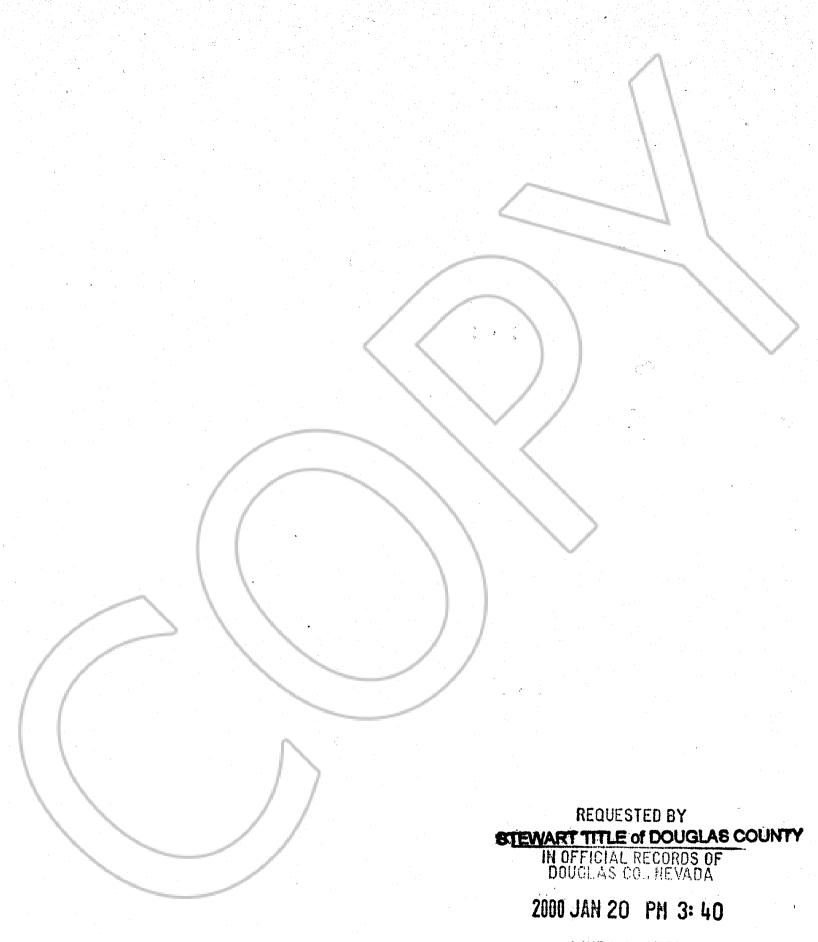
STATE

128971

SEP 23 1998

CLARK COUNTY HEALTH DISTRICT 625 Shadow Lane P.O. Box 3902 Las Vegas, Nevada 89127 702-383-1223 Tax ID# 88-0151573

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LINDA SLATER
RECORDER

PAID O DEPUTY