

Affidavit of Death of Joint Tenant
Michael Herbert Danchik, Deceased

State of Nevada
County of Douglas

Come now, Lillian Slaughter, Formerly Lillian Danchik, and Affiant herein, being of lawful age and having been duly sworn upon her oath and does state:

That she was married to Michael Herbert Danchik the decedent herein, having been married to him for 16 years and further, that Affiant owned certain real property with the Decedent as joint tenants with Rights of Survivorship, said property being described further as:

Lot 5, in block 4, as set forth on the map of Mountain View Estates #2, filed for record October 24, 1979, in book 1079, page 1962, as document no, 38123, official records of Douglas Co., State of Nevada.

A.P.N. 21-110-31

That the above-described property is also commonly known as 1313 Cathy Lane, Minden, Nevada 89423.

Affiant states further that she obtained her interest in the above-described property by purchase from Peter and Karen Gulash to Michael and Lillian Danchik. Said instrument being dated 9 November 1987 and recorded on 24 May 1988 in book 588, at page 3170 of the land records located in the office of the recorder clerk of Douglas County, State of Nevada.

Affiant states further that the decedent departed this life at St. Mary's Regional Medical Center, in Washoe County, State of Nevada, on or about September, 01, 1999 being 57 years of age at the date of death.

THESE STATEMENTS are true and correct and are based upon the personal knowledge of Affiant.

Further, Affiant sayeth not.

Sworn to and executed this, the 26th day of July, 2002

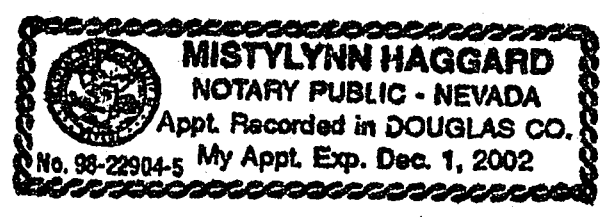
Lillian Marie Slaughter
Signature of Affiant
1313 CATHY LN, MINDEN, NV. 89423
Address of Affiant

LILLIAN MARIE SLAUGHTER
Printed name of Affiant

Sworn to and subscribed before me this the 26 day of July, 2002

My Commission expires: 12/1/02

Notary Public *Mistyllyn Haggard*



0548067

BK 0702 PG 08627

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

ROLL 98 IMAGE 117

LOCAL FILE NUMBER

2056

STATE FILE NUMBER

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

1. DECEASED—NAME First Middle Last Michael DANCHIK		2. DATE OF DEATH (Month, Day, Year) September 1, 1999		3a. COUNTY OF DEATH Washoe							
3b. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) St. Mary's Regional Medical Center		3e. Emergency Emergency		4. SEX Male					
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. AGE—Last Birthday (Years) 57		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) September 9, 1941	
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Lillian Beverage			
13. SOCIAL SECURITY NUMBER 020		14a. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life. Even if Retired) Manager		14b. KIND OF BUSINESS OR INDUSTRY Retail Clothing Store							
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Minden		15d. STREET AND NUMBER 1313 Cathy Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER—NAME First Middle Last Nathan Danchik				17. MOTHER—MAIDEN NAME First Middle Last Rose Stanofsky							
18a. INFORMANT—NAME (Type or Print) Lillian Danchik				18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1313 Cathy Lane, Minden, Nevada 89423							
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Walton's Carson Sierra Crematory		19c. LOCATION City or Town State Carson City, Nevada							
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Jammy Bunden</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 9		20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 Fourth Street, Minden, Nevada 89423							
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) <i>Todd Chapman</i>		21b. DATE SIGNED (Mo., Day, Yr.) 9-2-99		21c. HOUR OF DEATH 1635		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) <i>Todd Chapman</i>		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Todd Chapman, M.D., 75 Pringle Way #512, Reno, NV 89502		21e. LICENSE NUMBER 5933		22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON		22e. PRONOUNCED DEAD (Hour) AT					
24a. REGISTRAR (Signature) <i>Jandi Bridges</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) September 7, 1999		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR a, (b), AND (c).)		PART I (a) DILATED CARDIOMYOPATHY DUE TO, OR AS A CONSEQUENCE OF:		PART II (b) CORONARY ARTERY DISEASE DUE TO, OR AS A CONSEQUENCE OF:		PART III (c) CORONARY ARTERY BYPASS SURGERY		26. AUTOPSY (Specify Yes or No) NO		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) NO	
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED					
28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION		28g. STREET OR R.F.D. No.		CITY OR TOWN		STATE			

STATE REGISTRAR

No. 146183

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

Deputy Registrar: *Jandi Bridges*

Date: **SEP 16 1999**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

0548067
BK0702 PG08628

COPY

REQUESTED BY
Lilla Slaughter
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 JUL 26 PM 1:01

LINDA SLATER
RECORDER

\$ 16.00 PAID BE DEPUTY

0548067

BK 0702 PG 08629