1022-15-001-051 ESCROW NO. 030200568

Notary Public

RECORDING REQUESTED BY: STEWART TITLE COMPANY WHEN RECORDED MAIL TO: Frances Osredkar 3810 Yokha hunda On Las Vegas n V 89122

AFFIDAVIT - DEATH OF JOINT TENANT	
STATE OF NEVADA } ss.	
COUNTY OF Douglas }	
Frances J. Osredkar , of legal age, being first duly sworn, deposes and sa	ys:
That Maximilian , the decedent mentioned in the attached certified co	ру
of Certificate of Death, is the same person as	
executed by Fthel Maehler and Jewell M. Sabraw	
to Max Osredkar and Francis J. Osredkar as joint tenants, recorded as Instrument No. 312446 , on 7/15/93	
in Book 793, Page 2558, of Official Records of Douglas	
County, Nevada, covering the following described property situated in the unincorporated	1
County, State of Nevada:	,
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF	
2	
Traneer & Varedhar	ı
Frances J. VOsredkar	
DATE: Manah 26 2002	
DATE: March 26, 2003	
STATE OF <u>Merada</u>	
COUNTY OF Clark Ss.	
This instrument was acknowledged before me on $\frac{4-1-03}{2}$,	
by, Frances T. OSredKar 16, 2004	**
Signature Cococi K. Ceneller Con MINION STATE OF NEVADA	

0572307 BK0403PG01472

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 030200568

Lot 7, in Block F, as shown on the map entitled TOPAZ RANCH ESTATES, UNIT NO. 4, filed for record November 16, 1970, in the Office of the County Recorder of Douglas County, Nevada, as Document No. 50212.

Assessor's Parcel No. 1022-15-001-051.

0572307

BK0403PG01473

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

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

	LOCAL FILE NUMBER					STATE FILE NUMBER	
TYPE OR PRINT	DECEASED—NAME First				DATE OF DEATH (Month, Day, Year) COUNTY OF DEATH		
IN PERMANENT BLACK INK	1. Maximi CITY, TOWN OR LOCATION OF D		OSREDKAR	2. March 2		3a.Carson City	
	3b. Carson City		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street) 3c. Carson - Tahoe Hospital		lf Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Emergency Room 4. Ma1		
DECEDENT	RACE—(e.g., White, Black, Americ Indian, etc.) (Specify)		rigin? Specify ☐ ves-☑ no If ves. AG	E—Last UNDER 1 YE	AR UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)	
	5. White	6.	. 7a.	85 7b.	7c,	⁸ October 7, 1917	
STATE OF BIRTH OCCURRED IN STATE OF BIRTH (If not U.S.A., name country)		TRY	3,		MIDOMED DIVORCED		
INSTITUTION SEE HANDBOOK REGARDING	9a. New York SOCIAL SECURITY NUMBER	9b. USA USUAL OCCUPATION (0 Working Life, Even if Ret	10. 3 Give Kind of Work Done During Most of	(Specify) Marr:	ied 12.F:	rances Paparella	
COMPLETION OF RESIDENCE ITEMS	13. 4156	_	onstruction				
	RESIDENCE—STATE	COUNTY	quipment Operator		AND NUMBER	INSIDE CITY LIMITS	
-	15a. Nevada	15b. Douglas	15c. Wellington		321 Walker V:	(Specify Yes or No) iew 15e. Yes	
PARENTS	FATHER—NAME First	Middle		MAIDEN NAME Firs	***************************************		
	16. Paul INFORMANT—NAME (Type or Prin		Osredkar 17. MAILING ADDRESS	the state of the s	nnie D. No., City or Town, State, :	Semno Zip)	
	18a. Frances Osro	edkar	18b. 3821 Walk	cer View Rd.,	\ .		
	BURIAL, CREMATION, REMOVAL		ERY OR CREMATORY—NAME			r Town State	
DISPOSITION	^{19a.} Cremation	19b. T	Walton's Sierra (Crematory	19c. Carson	City, NV	
	FUNERAL DIRECTOR—SIGNATU (Or Person Acting as Such)	HE FUNERALICENSI	AL DIRECTOR NAME AND ADDRES	Walto	on's Douglas	County Mortuary	
>	20a. Maria 10 the best of the know	ledge, death occurred at the time, de			nden, Nevada		
	DATE SIGNED (Mo., D		sine was		<u></u>	on, in my opinion death occurred ise(s) and manner stated.	
	DATE SIGNED (Mo., D	ay, Yr.) HOUR OF D		DATE SIGNED (Mg. I		OF DEATH	
CERTIFIER	Eg 21b: 17-6		ממשעת 00	α ν Ευρώ 22b.	22c.		
	££.	PHYSICIAN IF OTHER THAN CER	TIFIER (Type or Print)	PRONOUNCED DEAD	(Mo., Day, Yr.) PRONC	DUNCED DEAD (Hour)	
		OF CERTIFIER (PHYSICIAN, ATTE	NDING PHYSICIAN, MEDICAL EXAMII	22d. ON NER, OR CORONER). (Type o	22e. A1	LICENSE NUMBER	
	^{23a.} Mark T	Brune, MD 170	l County Road, Su	uite H Minden.	NV 89423	^{23b.} 7134	
CONDITIONS IF ANY	REGISTRAR	1/0	DATE RECEIVED I	BY REGISTRAR (Mo., Day, Yr.)			
WHICH GAVE RISE TO	24a. (Signature) 25. IMMEDIATE CAUSE (EN	TER ONLY ONE CAUSE PER LINE	16 Lop. 24b. 11/ac	16,2003	24c. YES NO		
IMMEDIATE CAUSE STATING THE		1	CARDIO PALMO.			mterval between onset and death	
UNDERLYING CAUSE LAST		CONSEQUENCE OF:	CARRESTO J. CICALO.	write I fr	Robert !	Interval between onset and death	
	(b) SEVE	ne Isc	HEMIC C	: H. F.	•		
	DUE TO, OR AS A	CONSEQUENCE OF:			•	Interval between onset and death	
CAUSE OF	(c)	CONDITIONS—Conditions contribution	ng to death but not resulting in the unde	thing course in Date I I	(Case/4.1		
DEATH	PART OTHER SIGNIFICANT	114321010		ا (السر	Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
/ /	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJURY (Mo., Day, Yr.) HO	OUR OF INJURY DESCRIBE I	HOW INJURY OCCURRED	:o. IAO	27. YES	
/ /	(Specify) 28a.	28b. 28	c. M 28d.				
/ /	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, fam building, etc. (\$	n, street, factory, office LOCATION.	STREET OR R.F.	D. No. CITY OR	TOWN STATE	
	28e.	28f.	28g.				
1 \		opate t	seosoen a r		No.	230881	
1 4	Fights while with	TAIRIC	REGISTRAR			-	
	OUT HAT HEREIN	/ /		,			
70	Sindani Fili fetronisyasi Santi Manda	/ /			hem ne	Julva-	
	El-filbrible				UT TUTUE	Sylva:	
		This is to certify the of the certificate o	nat the above is a true and	correct copy			
	Mar was the			0 F 7 0 0 0	. 7	THE STATE OF THE S	
		Date Issued: N	IAR 0 6 2003	057230	J / State F	Registrar	

BK 0 4 0 3 PG 0 1 4 7 4

0572307

5K 0403PG01475

REQUESTED BY Stewart Title of Douglas County
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 APR -3 AM 10: 40

WERNER CHRISTEN RECORDER