

A.P.N. # 1420-26-401-030
ESCROW NO. 030703828
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

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

2003 NOV -7 AM 10:41

WERNER CHRISTEN
RECORDER

\$16⁰⁰ PAID KJ DEPUTY

WHEN RECORDED MAIL TO:

MR. R. ARTHUR RUDIAK
c/o 2244 Edgewood Ave.
Las Vegas, NV 89102

(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss.
COUNTY OF Douglas }

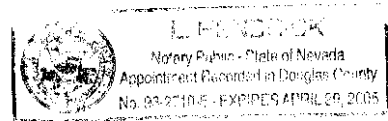
R. ARTHUR RUDIAK, of legal age, being first duly sworn, deposes and says: That GEORGE RUDIAK, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GEORGE RUDIAK named as one of the parties in that certain DEED dated March 17, 1993 executed by ALAN J. GOULD AND KATHERINE M. GOULD, HUSBAND AND WIFE to R. ARTHUR RUDIAK-GILLAND AND COQUELICOT RUDIAK-GILLAND, * as joint tenants, recorded as Instrument No. 306172, on May 03, 1993 in Book 593, Page 210, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in County, State of Nevada: Legal description marked as Exhibit "A" attached

*HUSBAND AND WIFE AND GEORGE RUDIAK AND GERTRUDE RUDIAK, HUSBAND AND WIFE, ALL

DATE: October 03, 2003

[Signature]
R. ARTHUR RUDIAK

STATE OF Nevada }
 } ss.
COUNTY OF Douglas }



This instrument was acknowledged before me on 10-17-03
by, R. ARTHUR RUDIAK

Signature [Signature]
Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

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EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 030703828

A parcel of land within the Southwest quarter of Section 26, Township 14 North, Range 20 East, M.D.B.&M., described as follows:

The Southerly 130.51 feet as measured along the Easterly and Westerly side lines of the following described property:

COMMENCING at the Southwest corner of said Section 26; thence North $89^{\circ}57'$ East on and along the South line of said Section 26, a distance of 1,737 feet; thence North $0^{\circ}05'$ West a distance of 209.00 feet to the True Point of Beginning; thence continuing North $0^{\circ}05'$ West a distance of 261.01 feet to the Southeast corner of the FERRY property conveyed by deed recorded September 26, 1967, Document No. 38193 in Douglas County, Nevada County Recorder's Office; thence South $89^{\circ}57'$ West, on and along the south line of said FERRY property, a distance of 418.00 feet, more or less, to a point in the West line of the BUSSEN-GARDNER property conveyed by deed recorded May 8, 1963, as Document No. 22553, in Book 17 of Official Records of Douglas County, Nevada, at Page 456; thence South $0^{\circ}05'$ East a distance of 261.01 feet; more or less, to the Southwest corner of the said BUSSEN-GARDNER property; thence North $89^{\circ}57'$ East, on and along the South line of the said BUSSEN-GARDNER property, a distance of 417.00 feet, more or less, to the True Point of Beginning.

ASSESSOR'S PARCEL NO. 1420-26-401-030

"IN COMPLIANCE WITH NEVADA REVISED STATUTE 111.312, THE HEREIN ABOVE LEGAL DESCRIPTION WAS TAKEN FROM INSTRUMENT RECORDED MAY 3, 1993, BOOK 593, PAGE 210, AS FILE NO. 306172, AND RECORDED OCTOBER 22, 1997, BOOK 1097, PAGE 4227, AS FILE NO. 424555, RECORDED IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA."

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

002374

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
	1. George RUDIAK		2. April 8, 1995		3a. Clark			
DECEDENT	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. Las Vegas		3c. University Medical Center		3e. Emer. Rm.		4. Male	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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. White		6.		7a. 80		8. March 27, 1915	
DECEASED	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. Russia		9b. U.S.A.		10. 17 plus		11. Married	
PARENTS	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY			
	13. ██████████ 7796		14a. Lawyer		14b. Law			
FATHER—NAME	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
	15a. Nevada		15b. Clark		15c. Las Vegas		15d. 2244 Edgewood	
MOTHER—MAIDEN NAME	FATHER—NAME		MOTHER—MAIDEN NAME		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
	18. Abram Rudiak		17. Sophie Malamuth		18b. 2244 Edgewood, Las Vegas, Nevada 89102			
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
	19a. Burial		19b. Woodlawn Cemetery		19c. Las Vegas Nevada			
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
	20a. <i>[Signature]</i>		20b. 289		20c. DAVIS FUNERAL HOME 20d. 2127 W. Charleston Blvd., Las Vegas, Nevada 89102			
To be Completed by CERTIFYING PHYSICIAN	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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.	
	21b. 04-09-95		21c. 4:43 P.M.		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. ON		22d. ON		22e. AT	
	23a. Lucien Imboden, MD, 2401 Lourdes Ave., Las Vegas, NV 89102		23b. 1908		REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
CAUSE OF DEATH	24a. <i>[Signature]</i>		24b. APR 10 1995		24c. YES <input type="checkbox"/> NO <input type="checkbox"/>			
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		PART I (a) Cardiac Arrest		Interval between onset and death: Same date			
CAUSE OF DEATH	PART I (b) Coronary Heart Disease				Interval between onset and death: Several Years			
	PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		26. No			
CAUSE OF DEATH	WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. Yes		ACC. SUICIDE HOM. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
	28. No		28a.		28b.		28c. M	
CAUSE OF DEATH	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	
	29a.		29b.		29c.		29d.	

No. 76137

STATE REGISTRAR

"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.

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

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

By: *[Signature]*

Date Issued: AUG 15 2003

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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