

DOC # 0633869
01/06/2005 01:02 PM Deputy: KLJ

OFFICIAL RECORD
Requested By:
FIRST AMERICAN TITLE

Assessor's Parcel Number: 1220-22-410-176

Recording Requested By:

Name: Phyllis J. Letko

Address: 1412 Sally Lane

City/State/Zip Gardnerville, NV 89460

R.P.T.T.: _____

#2176451-WS

Affidavit-- Death of Joint Tenant

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

C:\bc docs\Cover page for recording

RECORDING REQUESTED BY
Alliance Title Company
AND WHEN RECORDED MAIL TO
801-2176451

Name Phyllis J. Letko
Street Address 1412 Sally Lane
City, State Zip Gardnerville NV 89410

Order No. 11291429-406-RAR

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF ~~CALIFORNIA~~ NEVADA ch
COUNTY OF douglas

S.S.

Phyllis J. Letko, of legal age, being first duly sworn, deposes and says:
That Vincent A. Letko, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as Vincent A. Letko
named as one of the parties in that certain Grant Deed dated 11-6-1990
executed by William Snelling and Cleora Snelling
to Vincent A. Letko and Phyllis J. Letko, husband and wife as joint tenants
as joint tenants, recorded as Instrument No. 238483, on 11-9-1990, in
Book 1190, Page 1307, of Official Records of douglas
County, Nevada ch covering the following described property situated in the CITY OF GARDERVILLE
California, County of douglas, State of Nevada ch

For legal description see exhibit "A" attached hereto and made apart hereof

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ _____

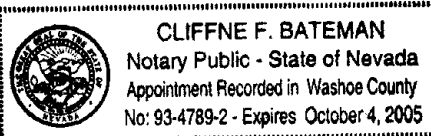
Dated December 27, 2004

SUBSCRIBED AND SWORN TO before me

30 day of DECEMBER, 2004.

} S.S. Phyllis J. Letko

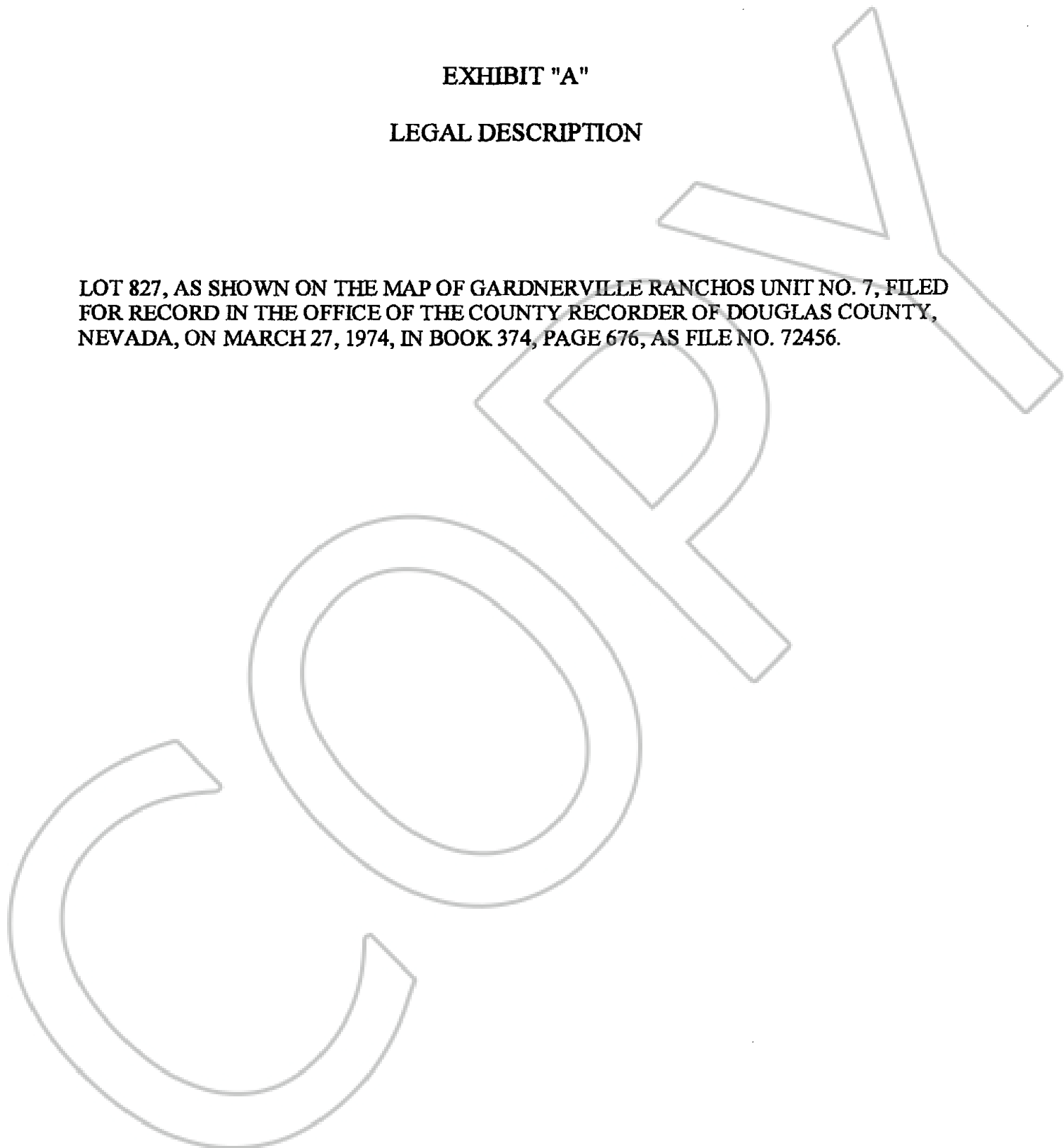
Signature Cliffne F. Bateman



(This area for official notarial seal)

EXHIBIT "A"
LEGAL DESCRIPTION

LOT 827, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 27, 1974, IN BOOK 374, PAGE 676, AS FILE NO. 72456.

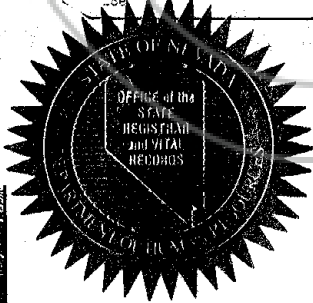


STATE OF NEVADA

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	DECEASED—NAME 1. Vincent A. LETKO	DATE OF DEATH (Month, Day, Year) 2. March 20, 2001	STATE FILE NUMBER	COUNTY OF DEATH 3a. Carson City
DECEDENT	CITY, TOWN OR LOCATION OF DEATH 3b. Carson City		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Carson-Tahoe Hospital		if Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Emergency Room
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 73	UNDER 1 YEAR MOS : DAYS 7b. :
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 9a. Pennsylvania		CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
	SOCIAL SECURITY NUMBER 13. ██████████ 7297		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Ranger		KIND OF BUSINESS OR INDUSTRY 14b. Forestry
PARENTS	RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville	
	FATHER—NAME 16. Stephen Letko		MOTHER—MAIDEN NAME 17. Mary Hulock		STREET AND NUMBER 15d. 1412 Sally Ln.
DISPOSITION	INFORMANT—NAME (Type or Print) 18a. Phyllis J. Letko		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1412 Sally Lane, Gardnerville, Nevada 89410		
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory		LOCATION City or Town State 19c. Carson City, Nevada
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 217	NAME AND ADDRESS OF FACILITY 20c. Home, 1380 Hwy 395, Gardnerville, Nevada 89410	
	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>[Signature]</i>		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>[Signature]</i>		DATE SIGNED (Mo., Day, Yr.) 21b. 3/21/01
CAUSE OF DEATH	HOUR OF DEATH 21c. 1715		DATE SIGNED (Mo., Day, Yr.) 22b. :		HOUR OF DEATH 22c. :
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		PRONOUNCED DEAD (Hour) 22e. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23a. Anthony Field, M.D., 412 W. John St., Carson City, Nevada		LICENSE NUMBER 23b. 3339			
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. March 23, 2001		DEATH DUE TO COMMUNICABLE DISEASE 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) Cardiogenic shock				: hours	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Ischemic heart disease				: years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I Renal insufficiency, Congestive heart failure		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.		
INJURY AT WORK (Specify Yes or No) 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

No. 183034



STATE REGISTRAR

Yvonne Sylva

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

Date Issued:

MAR 22 2001

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR

