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DOC # 0633995
01/10/2005 10:07 AM Deputy: GB

OFFICIAL RECORD

Requested By:

PAUL WASHELESKI

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 2 Fee: 15.00
BK-0105 PG- 2685 RPTT: 0.00



APN: 1220-16.810.031
Recording requested by and mail documents and
tax statements to:

✓ Name: Paul F. Washeleski
Address: 1305 Wheeler Way
City/State/Zip: Gardnerville, NV. 89460

AFF111
Nevada Legal Forms & Books, Inc. (702) 870-8977
www.legalformsrus.com

AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, Paul F. Washeleski
the Affiant, being of legal age, and being first duly sworn, deposes and says:

That Betty J. Washeleski
the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as,

Betty Jane Washeleski
named as one of the parties in that certain _____
dated on the _____ day of _____, _____, and executed by _____

known as Grantor(s), to _____
known as Grantees, as joint tenants, and recorded as instrument number _____
on the _____ day of _____, _____, in Book _____ of Official Records
of _____ County, Nevada, covering the following described property situated
in the City of _____, County of _____, State

of Nevada. (Set forth legal description and commonly known street address, if known)
Lot 2, Block K as said lot and block are shown on the map of Gardnerville Rancho unit 4, filed in the office of the County Recorder of Douglas County State of Nevada, on April 10, 1967, in map Book 1, Filing No. 35914

In Witness Whereof, I/We have hereunto set my/our hand(s) this _____ day of _____, 20_____.

Paul F. Washeleski
Signature

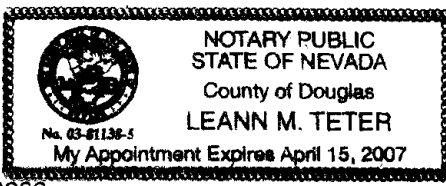
Signature

Paul F. Washeleski
Print or type name here

Print or type name here

STATE OF NEVADA)
COUNTY OF Douglas)
On this 10th day of Jan., 2004, personally appeared before me, a
Notary Public Paul F. Washeleski
personally known to me to be the person(s) whose name(e) is subscribed to the above instrument who
acknowledged that he executed this instrument. Witness my hand and official seal.

Leann M. Teter
Notary Public
My Commission Expires: April 15, 2007
Consult an attorney if you doubt this forms fitness for your purpose.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Betty Jane WASHELESKI		2. July 13, 2004	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Gardnerville		3c. 1305 Wheeler Way	
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.	
5. White		6. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. New York		9b. U.S.A.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. [REDACTED] 0783		14a. Homemaker	
RESIDENCE—STATE		COUNTY	
15a. Nevada		15b. Douglas	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Hansel Byron Mead		17. Lucy Phillips	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Paul Washeleski - Husband		18b. 1305 Wheeler Way, Gardnerville, NV 89460	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Eastside Memorial Park	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. [Signature]		20b. 217	
NAME AND ADDRESS OF FACILITY		LOCATION City or Town State	
20c. Home, 1380 Highway 395, Gardnerville, NV 89410		19c. Minden, Nevada	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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)		(Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 7-13-04		22b. [REDACTED]	
HOUR OF DEATH		HOUR OF DEATH	
21c. 0850		22c. [REDACTED]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. [REDACTED]		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		PRONOUNCED DEAD (Hour)	
23a. Bryan Ricks, M.D., 911 Mountain St., Carson City, NV 89703		22e. AT	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. July 14, 2004	
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) <u>Cardiomyopathy arrest</u>		Interval between onset and death	
(b) <u>Failure to breathe</u>		Interval between onset and death	
(c) <u>Chronic obstructive pulmonary disease</u>		Interval between onset and death	
PART II 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		27. NO	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. [REDACTED]		28b. [REDACTED]	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. [REDACTED]		28d. [REDACTED]	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	
28e. [REDACTED]		28g. [REDACTED]	

TYPE OR PRINT IN PERMANENT BLACK INK

EXCEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF CERTIFICATE ITEMS

PARENTS

DISPOSITION

REFER

IF ANY OTHER CAUSE GAVE RISE TO THE CAUSE STATING THE CAUSE LAST

CAUSE OF DEATH

STATE REGISTRAR

No. 267717

24975

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: JUL 14 2004

This copy is not valid unless prepared

[Signature]

STATE REGISTRAR

BK- 0105
PG- 2686

