A.P.N. 1220-17-710-011

When Recorded Mail To:
August Greulich
845 Rubio Way
Gerdhaville, Vi 8944

DOC # 0639943
03/25/2005 09:24 AM Deputy: KLJ
OFFICIAL RECORD
Requested By:
MARQUIS TITLE

Douglas County - NV Werner Christen - Recorder

Page: 1 Of 2 Fee: BK-0305 PG-10832 RPTT:

15.00



## AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

etary Public

That JOHANNA EMMA MAYR GREULICH, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOHANNA MAYR named as one of the parties in that certain Individual Grant Deed dated March 31, 199 5, executed by VICTOR M. AKOPIAN and CAROLYN D. AKOPIAN, husband and wife as joint tenants, THE AKOPIAN FAMILY TRUST, DATED NOVEMBER 4, 1992, VICTOR MICHAEL AKOPIAN AND CAROLYN DIANNE AKOPIAN, TRUSTEES to AUGUST GREULICH and JOHANNA MAYR, husband and wife as joint tenants with right of survivorship, recorded as Instrument No. 360658 on April 21, 1995of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 5, in Block C, as shown on the map of CHAMBERS FIELD SUBDIVISION, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on January 9, 1979, in Book 179, Page 435, as Document No. 28862.

Dated: February 18, 2005

AUGUST GREULICH

STATE OF NEVADA ) SS.

COUNTY OF DOUGLAS )

On \_\_February 18, 2005 , before me, a notary public, personally appeared \_August Greulich \_\_\_\_\_\_,

personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that

\_\_\_\_\_\_ executed the instrument.

SUSAN LAPIN Notary Public - State of Nevada Appointment Recorded in Douglas County No. 02-74683-5 - Expires March 21, 2006

## 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	, R			STATE FILE NUMBER
TYPE R PRINT	DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
R IN BRMANENT	1. Johanna	e Emma	MAYR GREULICH	<sup>2.</sup> January 26, 20	005 3a. Douglas
ACK INK	CITY, TOWN OR LOCATION OF	DEATH HOSPITAL OR OTHE	R INSTITUTION—Name (If not either, give	street and number) If Hosp. or Inst. India Rm. Inpatient (Speci	cate DOA, OP/Emer. SEX f(y)
CEDENT	3b. Gardnerville	30. 845 Rul		3e. ast UNDER 1 YEAR UNDER 1	4. Female DAY   DATE OF BIRTH (Mo., Day, Yr.)
OF DEATH	RACE—(e.g., White, Black, Ameri Indian, etc.) (Specify)	1	- 1	(Years) MOS DAYS HOURS	MINS
	5. White STATE OF BIRTH	6. CITIZEN OF WHAT COUN	7a. 81  N- Decedent's Education. Specify higher		8. April 30, 1923 SURVIVING SPOUSE (If wife, give maiden name)
EIF DEATH CCURRED IN	(If not U.S.A., name country)	TRY	grade completed.	WIDOWED, DIVORCED	
estitution E Handbook Eegarding	9a. Germany SOCIAL SECURITY NUMBER	96. Canadian USUAL OCCUPATION (G	ive Kind of Work Done During Most of	(Specify) Married   KIND OF BUSINESS OF INDUSTRY	12 August Greulich
MPLETION OF BOENCE (TENS	13. 7607	Working Life, Even if Retir	Teacher	146. Elementary	
	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
<b>—</b>	√ 15a. Nevada	15b. Douglas	150 Gardnerville	15d 845 Rubio	
RENTS	FATHER—NAME First	Middle	Last MOTHER—MAI	DEN NAME First	Middle Last
§	16.		17: **		
	INFORMANT—NAME (Type or Pr		MAILING ADDRESS	(Street or R.F.D. No., City or Tow	• • •
	18a. August Gr BURIAL, CREMATION, REMOVA	eulich	186. 845 Rubio	Way Gardnervill	e, Nevada 89460 City or Town State
			мат	COIL B	
.2OSITION	FUNERAL DIRECTOR SIGNATURE . FUNERAL DIRECTOR   NAME AND ADDRESS OF FACILITY   Control City Connection   Punich				
	20a > MM Carry St. Carson City, NV 89703				
i i					
	ក្តុច (Signature and Title)	> him P W	1 / 1 / Es	(Signature and Title)	o ino consoloy and mariner states.
****	DATE SIGNED (Mo., I	HOUR OF D	EATH Selection of the s	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
RTIFIER	SE 21b.	- 1 V . 1		PRONOUNCED DEAD (Mo., Day, Yr.)	22c.
	수류	G PAYSICIAN IF OTHER THAN CERT	IFIER (Type or Print)	PHONOUNCED DEAD (Ma., Day, Yr.)	PRONOUNCED DEAD (Hour)
		OF CERTIFIER (PHYSICIAN, ATTEN	IDING PHYSICIAN, MEDICAL EXAMINER.	22d. ON OR CORONER). (Type or Print.) 897(	22e. AT LICENSE NUMBER
	1		\ \	te 210, Carson City	
DITIONS ANY	REGISTRAR	Kelly H.D. 2074	DATE RECEIVED BY RE	GISTRAR (Mo., Day, Yr.) DEATH DUE TO	COMMUNICABLE DISEASE
EH GAVE	24a. (Signature)	R. Lechand 24b. unisay 28, 2005 24c. YES NOW			
SE TO SEDIATE SAUSE		VTER ONLY ONE CAUSE PER MINE I	FOR (a), (b), AND (c).		Interval between onset and death
TING THE ERLYING			ncer /		:3 mon1h5
SE LAST	DUE TO, OR AS A	A CONSEQUENCE OF:	_ / /		• Interval between onset and death
	(b)	A CONSEQUENCE OF:			Interval between onset and death
t and a	( 000 10, 01 48)	CONSEQUENCE OF.			• Interval Service Collect and dealif
JSE OF	(c) PART OTHER SIGNIFICANT	CONDITIONS—Conditions contributing	g to death but not resulting in the underlying	cause given in Part 1. AUTOPSY (S	pecify   WAS CASE REFERRED TO
EATH		^		26. NO	or No.)   CORONER (Specify Yes or No.)   27.   No.
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJURY (Mo., Day, Yr.) HO	UR OF INJURY DESCRIBE HOW I	NURY OCCURRED	110
	(Specify) 28a	28b. 28c	. M 28d.		
<b>*</b> \	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm building, etc. (S)	, street, factory, office LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN STATE
<b>[</b> \	28e.	28f.	28g.	<u></u>	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
				•	No. 272089
<b>*</b>	1	STATE RI	EGISTRAR	•	FIE000



33457

- 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:

This copy is not valid unless prepar

JAN 2 8 2005

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BK- 0305 PG-10833 03/25/2005



STATE REGISTRAR