

OFFICIAL RECORD

Requested By:  
VONDRACEK, JERRY

A.P.N. # 1022-09-001-093  
ESCROW NO. \_\_\_\_\_  
RECORDING REQUESTED BY:  
THE UNDERSIGNED

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0605 PG- 735 RPTT: 0.00



WHEN RECORDED MAIL TO:

Jerry Von Dracek  
1285 Topaz Ranch Road  
Wellington, Nv 89444

(Space Above For Recorder's Use Only)

**AFFIDAVIT - DEATH OF JOINT TENANT**

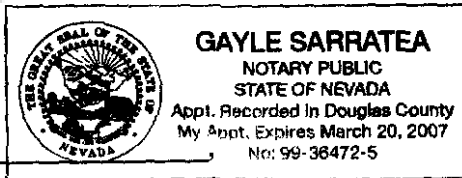
STATE OF NEVADA }  
COUNTY OF Douglas } ss.

Jerry Von Dracek of legal age, being first duly sworn, deposes  
and says: That Vivian H. Van Dracek the decedent mentioned in the attached  
certified copy of Certificate of Death, is the same person as Vivian H. Van Dracek  
named as one of the parties in that certain Grant Deed dated July 28, 1977  
executed by Manuel P. Baptista  
to Jerry Von Dracek & Vivian H. Von Dracek, husband and wife  
as joint tenants, recorded as Instrument No. 12249, on August 23, 1977  
in Book 877, Page 1516, of Official Records of Douglas  
County, Nevada, covering the following described property situated in Douglas  
County, State of Nevada:  
**SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF**

DATE: June 02, 2005

*Jerry Von Dracek*  
Jerry Von Dracek

STATE OF Nevada }  
COUNTY OF Douglas } ss.



This instrument was acknowledged before me on 6-2-05  
by, Jerry Von Dracek

Signature: *Gayle Sarratea*

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

**EXHIBIT "A"**

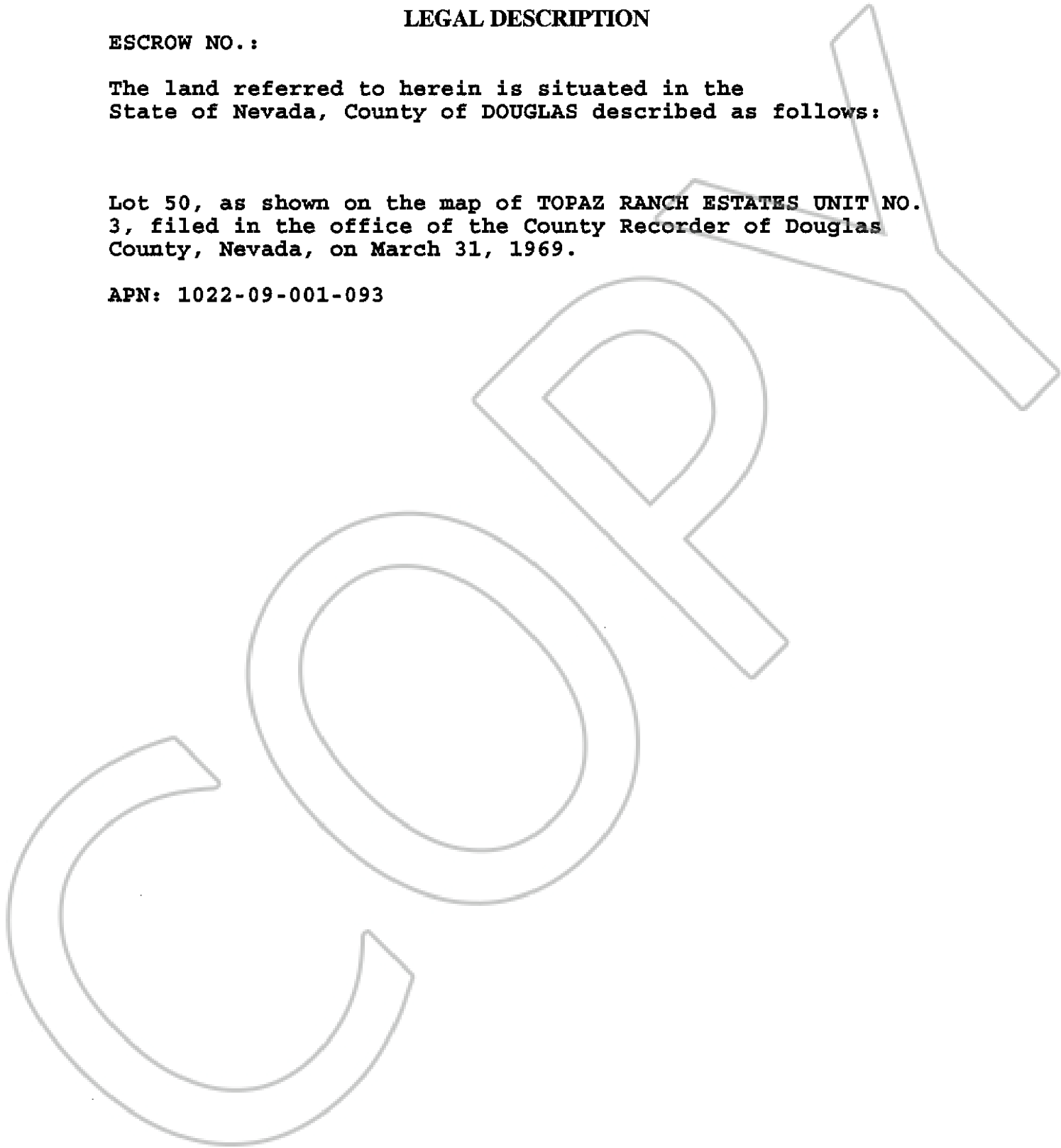
**LEGAL DESCRIPTION**

**ESCROW NO.:**

The land referred to herein is situated in the State of Nevada, County of DOUGLAS described as follows:

Lot 50, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 3, filed in the office of the County Recorder of Douglas County, Nevada, on March 31, 1969.

**APN: 1022-09-001-093**



# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

## VITAL STATISTICS

Reno, Nevada

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

ROLL 116 IMAGE 23

2764

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. Vivian H. VON DRACEK			DATE OF DEATH (Month, Day, Year) 2. October 20, 2004		COUNTY OF DEATH 3a. Washoe								
	CITY, TOWN OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient		SEX 4. Female							
DECEDENT	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. 83		UNDER 1 YEAR MOS : DAYS 7b. : :		UNDER 1 DAY HOURS : MINS 7c. : :		DATE OF BIRTH (Mo., Day, Yr.) 8. August 8, 1921			
	STATE OF BIRTH (If not U.S.A., name country) 9a. Illinois		CITIZEN OF WHAT COUNTRY 9b. USA		Decedent's Education. Specify highest grade completed. 10. 14		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married		SURVIVING SPOUSE (If wife, give maiden name) 12. Jerry Von Dracek					
F DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER 13. ██████████ 7919		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Legal Secretary			KIND OF BUSINESS OR INDUSTRY 14b. Law Office								
	RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas		CITY, TOWN, OR LOCATION 15c. Wellington		STREET AND NUMBER 15d. 1285 Topaz Ranch Rd.		INSIDE CITY LIMITS (Specify Yes or No) 15e. NO					
PARENTS	FATHER—NAME First Middle Last 16. Fred Hehr			MOTHER—MAIDEN NAME First Middle Last 17. Gertrude										
	INFORMANT—NAME (Type or Print) 18a. Jerry Von Dracek				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1285 Topaz Ranch Rd., Wellington, Nevada 89444									
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Walton's Sierra Crematory			LOCATION City or Town State 19c. Carson City, Nevada								
	FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such) 20a. <i>James Deemola</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 09		NAME AND ADDRESS OF FACILITY 20c. 1281 N. Roop St., Carson City, Nevada 89706									
CERTIFIER	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>Hamid Shaker MD</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>Hamid Shaker MD</i>									
	DATE SIGNED (Mo., Day, Yr.) 21b. 10/21/04		HOUR OF DEATH 21c. 1222		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. 77 Pringleway Reno NV 89502				LICENSE NUMBER 23b. 11161									
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR 24a. (Signature) <i>Tony Anthony</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. October 21, 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).) PART I (a) Sepsis												Interval between onset and death	
	PART I (b) Respiratory failure												Interval between onset and death	
	PART I (c)												Interval between onset and death	
CAUSE OF 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		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. NO							
	ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c.		DESCRIBE HOW INJURY OCCURRED 28d.							
	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					

STATE REGISTRAR

No. 274025

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

Deputy Registrar: *Barbara Lee Hunt*

Date: NOV 3 2004

WARNING: IT IS ILLEGAL TO ALTER



0645877

Page: 3 of 3

BK- 0605  
PG- 737  
06/02/2005