

116

DOC # 0671516
03/30/2006 03:24 PM Deputy: KLJ
OFFICIAL RECORD
Requested By:
BROOKE SHAW ZUMPF

When Recorded, Mail to:

Brooke · Shaw · Zumpf

1590 Fourth St.
Minden, NV 89423

Mail Tax Statements to:
BARBARA CHYLAK
261 Fredricksburg Road
Gardnerville, NV 89460

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0306 PG-12577 RPTT: 0.00



SPACE ABOVE RESERVED FOR RECORDER'S USE

AFFIDAVIT OF DEATH

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

I, BARBARA M. CHYLAK, do hereby swear under penalty of perjury that the following assertions are true to the best of my knowledge and belief:

1. I am over 18 years of age, am of sound mind, and if called to testify would competently testify to the following.

2. The real property commonly known as 261 Fredericksburg Road, Gardnerville, Nevada 89460 was conveyed to Barbara M. Chylak and Robert T. Chylak, Trustees of the Chylak 1990 Family Trust, dated October 30, 1990 in that certain Grant, Bargain, Sale Deed recorded as Instrument No. 0591385, in Book 0903, at Page 14594 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada.

3. Robert T. Chylak (also known as Robert Thomas Chylak), Trustee of the Chylak 1990 Family Trust, dated October 30, 1990, died on December 26, 2005. A

certified copy of Robert T. Chylak's death certificate is attached hereto and incorporated herein by reference.

4. I am Robert T. Chylak's surviving spouse, and the sole remaining Trustee of the Chylak 1990 Family Trust, dated October 30, 1990 referred to as Grantee in that certain Grant, Bargain, Sale Deed recorded as Instrument No. 0591385, in Book 0903, at Page 14594 of the Official Records in the Office of the County Recorder of Douglas Count, State of Nevada.

5. The real property commonly known as 261 Fredericksburg Road, Gardnerville, Nevada 89460 which is the subject of the above-described deed is located in the County of Douglas, State of Nevada, and is more particularly described as follows:

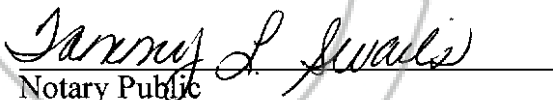
Lot 3, in Block B, as shown on the Final Subdivision Map #2012 for GANSBERG ESTATES recorded in the office of the Douglas County Recorder, State of Nevada, on October 28, 1997, in Book 1097, at Page 5456 as Document No. 425008, Official Records.

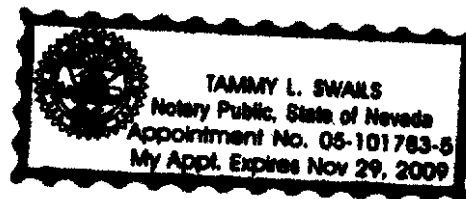
Assessor's Parcel Number 1219-36-002-013

DATED: 30 of March, 2006


BARBARA M. CHYLAK

SUBSCRIBED and SWORN to before me
this 30th day of March 2006.


Notary Public



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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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

PARENTS

POSITION

CERTIFIER

CONDITIONS OF ANY WHICH GAVE RISE TO CHANGE IN CAUSE OF DEATH DURING THE UNDERLYING CAUSE LAST

USE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1.	Robert Thomas	CHYLAK	2. December 26, 2005	3a. Douglas	
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. Gardnerville	3c. 261 Fredricksburg Road		3e.	4. Male	
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)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS
5. White	8.		7a. 65	7b. :	7c. :
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)	SURVIVING SPOUSE (If wife, give maiden name)
9a. New York	9b. USA	10. 14	11. Married	12. Barbara Thompson	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of Working Life, Ever if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. ██████████ 7919	14a. Sales		14b. Real Estate		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada	15b. Douglas	15c. Gardnerville	15d. 261 Fredricksburg Rd	15e. Yes	
FATHER—NAME		MOTHER—MAIDEN NAME			
16. Michael	17. Barbara		Ryzanych		
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Barbara Chylak			18b. 261 Fredricksburg Road, Gardnerville, NV 89460		
BURIAL, CREMATION, REMOVAL OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION—City or Town State	
19a. Burial		19b. Eastside Memorial Park		19c. Minden Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. Jimmy D. Marshall		20b. 009		20c. Walton's Douglas Mortuary 1578 4th Street, Minden, Nevada 89423	
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)		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH	
21a. [Signature]		21b. 12/27/2005		21c. 2100	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. ON		21f. AT	
21d.		21e. ON		21f. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)				LICENSE NUMBER	
23a. Stephen Hewitt, D.O., 1090 Third St. #1, S. Lake Tahoe, CA				23b. 1107	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) Jamie Evans		24b. December 28, 2005		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)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(a) Leukemia				lyr	
(b)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)				+	
(c)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)				-	
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)	
25a. None				25. NO	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. NO			
ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
26a.	26b.	26c. M	26d.		
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
28e.	28f.	28g.			

STATE REGISTRAR

No. 292037



095999

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:

DEC 28 2005

This copy is not valid unless prepared on engraved border and contains any ALTERATION OR ERASURE

[Signature]

STATE REGISTRAR



BK- 0306
PG- 12579