

APN#: 1420-07-616-031

Recording Requested By:
Western Title Company, Inc.

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 4 Fee: 42.00
BK-0107 PG- 5426 RPTT: 0.00



When Recorded Mail To:
Theresa L. Kaugenack
3514 Opaline Ct.
Carson City, NV
89705

Mail Tax Statements to: (deeds only)
N/A

(space above for Recorder's use only)

007575-RTD

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of any person or persons.
(Per NRS 239B.030)

Signature [Signature] A. BUSSE Title Agent
Print name Title

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

RECORDING REQUESTED BY
ServiceLink
4000 Industrial Blvd.
Aliquippa, PA 15001

WHEN RECORDED MAIL TO:
Theresa M Kawchack
3564 OPALITE CT
CARSON CITY, NV 89705-7125
Order No: 1295520

Affidavit of Death of Joint Tenant

State of ~~NV~~ WA
County of ~~DOUGLAS~~ WALLA WALLA

Theresa M Kawchack, of legal age, being first duly sworn, deposes and says: That **Bradley Mark. Kawchack** the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Bradley M. Kawchack** named as one of the parties in the certain Grant Bargain and Sale Deed dated April 24, 1990 executed by Jack D. Morgan and Patricia Anne Morgan to Bradley M Kawchack and Theresa L Kawchack, husband and wife as joint tenants, recorded as Instrument No. 224732, Book 490 Page 3613 on April 26, 1990, records of DOUGLAS, NV, covering the following described real property situated in the City of CARSON CITY, County of DOUGLAS, State of NV.

See Exhibit "A" attached hereto and made a part hereof

Tax ID: 1420-07-6110-031

That the value of all real and personal property owned by said decedent at the date of death, including the full value of the property above described, did not exceed the sum of \$ 100,000.00.

Dated 12-29-06

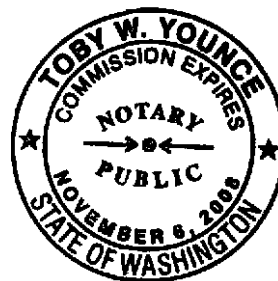
Theresa M Kawchack
Theresa M Kawchack

SWORN AND SUBSCRIBED TO before me this 29th day of December, 2006.

Toby W. Younce
Notary Public WA
My Commission expires: Nov 6, 2008

Affidavit of Death of Joint Tenant
(230047)

Order No: 1295520

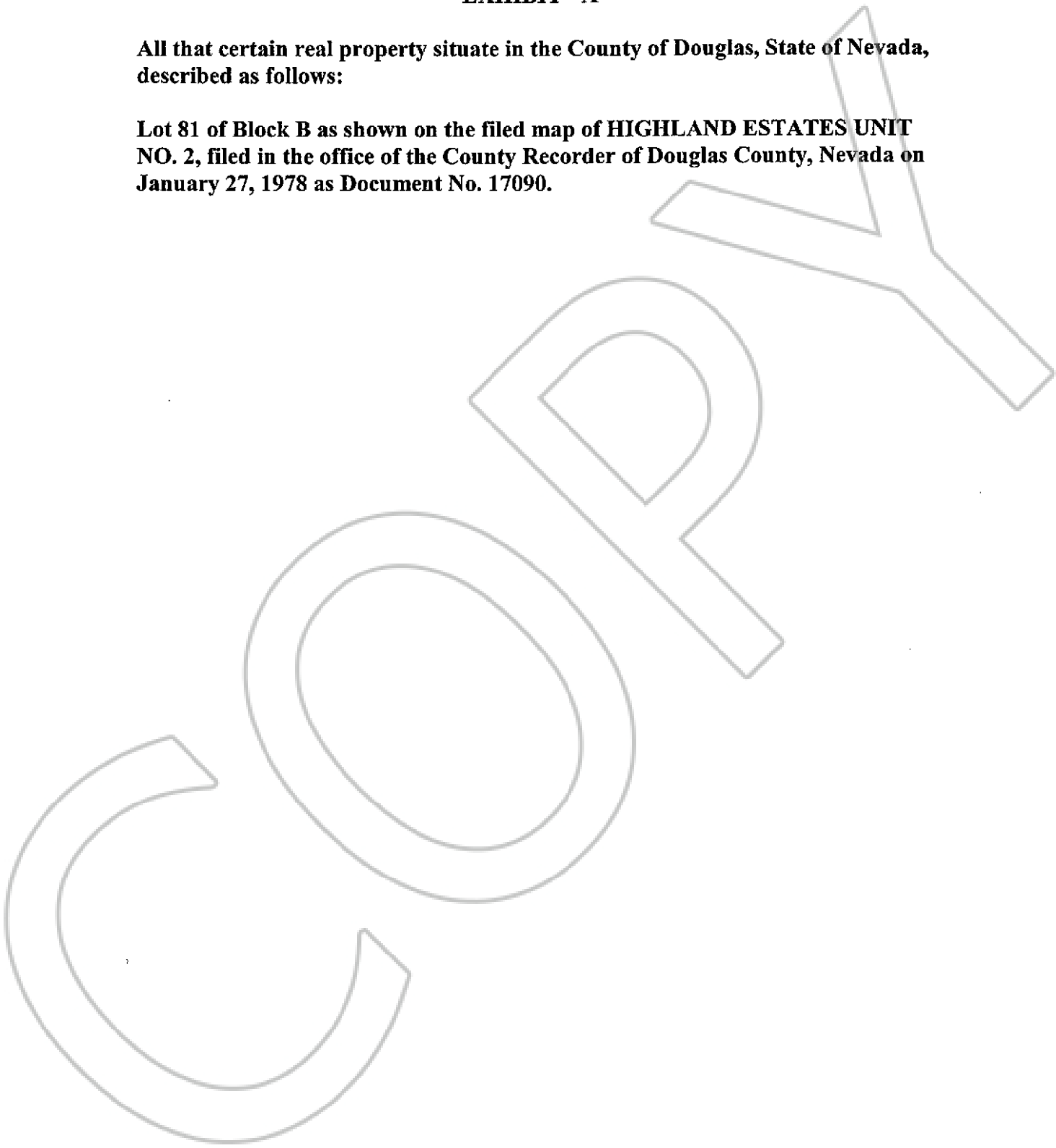


Page 1 of 1

EXHIBIT "A"

**All that certain real property situate in the County of Douglas, State of Nevada,
described as follows:**

**Lot 81 of Block B as shown on the filed map of HIGHLAND ESTATES UNIT
NO. 2, filed in the office of the County Recorder of Douglas County, Nevada on
January 27, 1978 as Document No. 17090.**



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 117 IMAGE 825

LOCAL FILE NUMBER

986

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED—NAME First Middle Last 1. Bradley Mark KAWCHACK	DATE OF DEATH (Month, Day, Year) 2 March 10, 2005	COUNTY OF DEATH 3a. Washoe
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CITY, TOWN OR LOCATION OF DEATH 3b. Reno	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 1640 N. Virginia Street	If Hosp. or inst. indicate DOA, OP/Emer. Firm. Inpatient (Specify) 3e.	SEX 4. Male
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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. 46	UNDER 1 YEAR MOS : DAYS 7b.	UNDER 1 DAY HOURS : MINS 7c.	DATE OF BIRTH (Mo., Day, Yr.) 8. October 1, 1958
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STATE OF BIRTH (If not U.S.A., name country) 9a. Colorado	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 12 Years	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. Theresa Estey
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SOCIAL SECURITY NUMBER 13. [REDACTED] 9391	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Handyman	KIND OF BUSINESS OR INDUSTRY 14b. Maintenance
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RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Carson City	STREET AND NUMBER 15d. 3564 Opalite Court	INSIDE CITY LIMITS (Specify Yes or No) 15e. yes
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FATHER—NAME First Middle Last 16. Steve P. Kawchack	MOTHER—MAIDEN NAME First Middle Last 17. Edythe Eddy
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INFORMANT—NAME (Type or Print) 18a. Theresa Kawchack - Wife	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 3564 Opalite Court, Carson City, NV 89705
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BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory	LOCATION City or Town State 19c. Carson City, Nevada
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FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]	FUNERAL DIRECTOR LICENSE NUMBER 20b. 217	NAME AND ADDRESS OF FACILITY 20c. FitzHenry's Funeral Home 833 N. Edmonds Drive, Carson City, NV 89701
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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) [Signature] DATE SIGNED (Mo., Day, Yr.) 21b.	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] DATE SIGNED (Mo., Day, Yr.) 22b. April 4, 2005 PRONOUNCED DEAD (Mo., Day, Yr.)
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HOUR OF DEATH 21c.	HOUR OF DEATH 22c. 2317 PRONOUNCED DEAD (Hour)
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NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.	22d. ON March 10, 2005 22e. AT 2317
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NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520	LICENSE NUMBER 23b. WCC S. 35
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REGISTRAR 24a. [Signature]	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. April 4, 2005	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	Interval between onset and death
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PART (a) Atherosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
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PART (b) [Blank] DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
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PART (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.	AUTOPSY (Specify Yes or No) 26. Yes	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes
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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.
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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
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STATE REGISTRAR

No. 283664

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: _____

APR 8 2005

WARNING: IT IS ILLEGAL TO REPRODUCE THIS CERTIFICATE WITHOUT THE WRITTEN PERMISSION OF THE STATE REGISTRAR



BK- 0107
PG- 5429