OFFICIAL RECORD Requested By: TSI TITLE & ESCROW

RECORDING REQUESTED BY:

Title Order No.: Accommodation Only

Escrow No.:

07-51687-RM

When recorded mail to: Mr. Chester Wasak c/o 4962 Murchio Drive Concord, CA, 94521

Parcel No. 1318-23-216-002

Douglas County - NV Werner Christen -Recorder

Page: Of.

BK-1207

2 PG- 2061 RPTT:

Fee:

15.00 0.00

SPACE ABOVE THIS LINE FOR RECORDS USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF COUNTY OF

} S.S.

Chester Wasak of legal age, being first duly sworn, deposes and says: That Zofia Wasak, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant Bargain Sale Deed, dated June 14, 2002 executed by Chester Wasak and Zofia Wasak, Trustees of The Wasak 1986 Family Trust Dated September 30, 1994 to Chester Wasak and Zofia Wasak, husband and wife, and Joanne Wasak, a single woman as Joint Tenants with right of survivorship, recorded as Instrument No. 0544750 on June 17, 2002, in Book 0602, Page 04839, of Official Records of Douglas County, covering the following described real property in the county of Douglas, State of NV, described as follows:

Lot 79 of Lake Village, Unit No. 2-E, as shown on the official map filed in the office of the County Recorder of Douglas County, Nevada on October 18, 1972, in Book 1 of Maps, as Document No. 62363.

Property is commonly known as: 151 Holly Lane, Zephyr Cove, NV. 89448

ACCOMODATION

WITNESS my hand and official seal

State of

County of

Before me, a Notary Public, personally appeared

personally known to me -or- proved to me on the basis of satisfactory evidence to be the person [8] whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument

NAME (TYPED OR PRINTED)

JAKE ZANE Commission # 1753560 Notary Public - California Contra Costa County My Comm. Expires Jun 26, 2011



CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

			C	ERTIFICAT STATE OF	E OF DE	EATH DB ALTERATIONS			Δ		···
	STATE FILE NUMBER 1. NAME OF DECEDENT- FIRST (Given)	·	2. MIDDLE	STATE OF KINK ONLY / NO ERASI VS-11 (REV 3/06)	UH ACIERATIONS	T (Empl) A	ro	CAL REGISTRATION	NUMBER	
_	Zofia	2. MICOLE	DLE 3. LAST (Femily) Was					ak			
DATA	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/ccyy 5. AGE Yrs.				IF UNDER ONE YEAR IF UNDER 24 HOURS 6. SEX			
AL I	Sonia Wasak			I			83	(Months	Days H	ours Min	F
ŌS.	9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY N	UMBÉR 11.6	EVER IN U.S. ARME			S/SRDP' (et Time	ol Death) 7. DAT	E OF DEATH mm/do	3/00yy B. I	HOUR (24 Hours)
DECEDENT'S PERSONAL	Russia			YES X N) [] UNIK	Marrie	ed	10	/20/2006	J	1915
Z Z		AS DECEDENT HISPANIC/L	ATINO(A)/SPANISH	? (if yes, see workshie	I on back)	16. DECEDENT'S R	ACE - Up 10 3 i	reces may be ti	sted (see worksheet o	on back)	
GEDI											
품	17, USUAL OCCUPATION - Type of work for a	most of life, DO NOT USE (RETIRED	18. KIND OF BI		- A	ery store, road o	senstruction, em	playment agency, etc.		RS IN OCCUPATION
	Homemaker				Own	Ноше	-	-			51
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or (scation) 1348 St. Catherine Court										
	21. CITY	JNTY/PROVINCE	NCE 23, ZIP CODE 24, YEARS IN COUNTY					5. STATE/FOREIGN C	COUNTRY		
				tra Costa 94521 7					California		
	26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ACCRESS (Street and number, or rural rou					number, city or town, s	(qis bna atata	
INFOR- MANT	Chester Wasak: Husband 1348 St. Catherine Court, Concord, CA 94									A 9452	21
_ 8	28. NAME OF SURVIVING SPOUSE/SROP*-	FIRST	29. MIDDLE		/	30. LAST (BIRT	796		-	\	1
AATIC	Chester			- /			- N	Wasak		<u> </u>	7%
	31. NAME OF PATHER/PARENT-FIRST		32. MIDDLE	-	-	33. LAST			The state of the s		BIRTH STATE
SPOUSE/SRDP AND Parent information	Luke			-/-		Lima					Russia BIRTH STATE
	35. NAME OF MOTHER/PARENT-FIRST Unknown		38. MIDDLE	£	1	37. LAST (BIRTH NAME) Unkr			OWD		Russia
	39. DISPOSITION DATE mm/dd/ccyy 40. PLACE OF FINAL DISPOS		Unknown								(UODIA
PUNERAL DIRECTORY COCAL REGISTRAR	1	Cali	fornia 9	4014							
	41. TYPE OF DISPOSITION(S)		49 SIGNATURE OF EMPAUMED					43. LICENSE		SE NUMBER	
	Burial		▶	Thomas W. Rel					enon 72		34
뛜량	AN NAME OF FUNERAL ESTABLISHMENT			45. LICENSE NUMBER 46. SIGNATURE OF LOCAL REGISTRAR					47. DATE mm/dd/ddyy		
. 4. 22. 14.	the state of the s	rn ranerak t	hapel	₽₽₽006-~			16 150	The Sand	N. M. S. L.		./.2.00
PLACE OF DEATH	101, PLAGE OF DEATH	. \		No.	102.1	F HOSPITAL, SPECI		103. IF OTHER	THAN HOSPITAL, S Mursing Home/LTC	PECIFY ONE Dece	edent's Capar
	Katherine Guest H	OTILE 105. FACILITY ADDRESS (SELECTOR INC	IEBE EOU IND (Etmo	and number of	المراسط ال		LXI TOOPE	Home/LTC	Hom	ie L3
\$ 8	Contra Costa	1785 Thor		796	Bild Homber, o	\ \	١			ncord	
	197. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death OO NOT enter reminist events such						uch	Time Interval Serveen 108, DEATH REPORTED TO CORONER?			
	. as cardiat arrest, respiratory arrest, or varificular fibrilation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE: (A)								Onset and Death (AT)	TES X NO	
	(Final Unicode :) Alzheimer's Disease In death)								Years	REFERRAL NUMBER	
	(10)	/		1	1		· ·	V	(87)	I	PERFORMED?
Ξ	Sequentially, list conditions, if any,				\		<u> </u>	<u> </u>		YES	L&:
CAUSE OF DEATH	leading to cause (C) on Line A. Enter UNDERLYING				\ '	\			(CT)	YES	SY PERFORMED?
9	CAUSE (disease or injury that				۸	1	747		(DT)	<u> </u>	ETERMINING CAUSE?
AUS	initiated the events (D) resulting in death) LAST	- \			\ .	1			1 6.7	YES	
0	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107										
	Bacterial Pneumonia										
	113. WAS OPERATION PERFORMED FOR A	NY CONDITION IN ITEM 10	7 OR 1127 (If yes,	list type of operation	and date.j	-			119A. I		GNANT IN LAST YEAR
	, NO	<u> </u>			\ \	-/				-	NO NNK
\$ \$	114 I CERTIFY THAT TO THE BEST OF MY KNOWLD AT 19th HOUR, DATE, AND PLACE STATED FROM TO	EDGE DEATH OCCUPRED 1.		NO TITLE OF CENTI	FIER			1	16. LICENSE NUMB	i .	_
PHYSICIAN'S ERTIFICATION		dent Last Seen Alive	ه حک			455555 218 CO	nc.		20A3760	110/2	24/2006
PHYSICIA	(A) minvdd/ccyy (B) minvdd/ccyy 118. TYPE ATTENDING PHYSICIAN'S NAME. MAILING ADDRESS. ZIP CODE 04/18/2005 10/20/2006 Gary Miller, DO, 1451 Danville Blvd. #204, Alamo, CA 94507										
7.5	04/18/2005 10/2	URRED AT THE HOUR DATE A	Gary Mi	Lier, DU	, 1451	Danvill 120, INJUR	ED AT WORK?	#204	A LAMO,	nm/dd/ceyy 1:	+ D U / 22, HOUR (24 Hours
/		Accident Homicide	Suicide	Pending Investigation	Could not I	be ves	NO	UNK			
CORONER'S USE DALY	123. PLACE OF INJURY (s.g., home, construction site, wooded area, etc.)										
S S	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)										
Ę											
\ \g	125. LOCATION OF INJURY (Street and number, or location, and city, and zip)										
\ _	126. SIGNATURE OF CORONER / DEPUTY	CORONER	}	I 127 DATE	mm/dd/ccyy	128, TYPE NA	ME. TITLE OF	CORONER / DE	PUTY CORONER		
- \			/	ic., baic			1	'			
RT.	ATE A B	e le	/ E						FAX AUTH.#	T	CENSUS TRACT
	STRAR								6136TM		
						BK-	1207	مطلبين			
		0714603	Page:	2 Of	2	PG- 12/10/2	2007				
		1		*			*		* ^ ^ ^	639	045
	The state of the s	7	CERTIFIE	D COPY C	F VITAL	RECORDS	3		000	A 43 3	V 7 V

STATE OF CALIFORNIA COUNTY OF CONTRA COSTA

DATE ISSUED







This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

CONTRA COSTA COUNTY HEALTH OFFICER This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.