

APN: 1320-35-002-010

When Recorded Mail To:

ROWE & HALES, LLP
James R. Hales, Esq.
P.O. Box 2080
Minden, NV 89423

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 3 Fee: 16.00
BK-0308 PG- 994 RPTT: 0.00



Send Tax Statements To:

Regina Copene
1499 Willow Creek Lane
Gardnerville, NV 89410

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY
(Death of Joint Tenant)**

Regina Copene, being of legal age and being first duly sworn, deposes and says:

Affiant was the friend of Dolores A. Pieczynski, up to and until her death.

Dolores A. Pieczynski died on the 22nd day of February, 2008, in Douglas County, Nevada.

Dolores A. Pieczynski, the Decedent mentioned in the attached certified copy of Certificate of Death, is named as one of the parties in that certain Individual Grant Deed, dated the 20th day of October, 1994, executed by William B. Brandenburg, II, a single man, to Dolores A. Pieczynski and Regina Copene holding title as joint tenants with right of survivorship, recorded as Instrument No. 348953 on the 20th day of October, 1994, in Book 1094, Page 3348 of the Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

Lot 10, in Block A, as shown on the map of WILLOW CREEK, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on JUNE 30, 1992, in Book 692, Page 5954, as Document No. 282394.

Per NRS 111.312, this legal description was previously recorded as Document No. 282394, Book No. 1094, Page 3348, on October 20, 1994.

Pursuant to NRS 239B.030(4), I affirm that this instrument does not contain the social security number of any person, in that the social security number has been redacted from the Death Certificate.

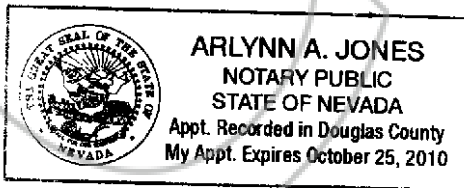
IN WITNESS WHEREOF, I have hereunto set my hand this 4 day of MARCH 2008.

Regina Copene
Regina Copene

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 4th day of March, 2008, by Regina Copene.

WITNESS my hand and official seal.



Culynn G. Jones
NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2008002738
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Dolores A PIECZYNSKI		2. DATE OF DEATH (Mo/Day/Year) February 22, 2008		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 26, 1931		9a. STATE OF BIRTH (If not U.S.A., name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Accountant		14b. KIND OF BUSINESS OR INDUSTRY Public Utility Company	
15. Ever in US Armed Forces? Yes		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1499 Willow Creek Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER - NAME (First Middle Last Suffix) William PIERCZYNSKI			17. MOTHER - NAME (First Middle Last Suffix) Helen WESOLOWSKI		
18a. INFORMANT- NAME (Type or Print) Janet REDDING		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 405 Ginger Lane Elgin, Illinois 60120			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 820		20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 4th Street Minden NV 89423	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED ANDREW HO-KEUNG TANG M.D.			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) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) February 26, 2008		21c. HOUR OF DEATH 11:16		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Andrew, Ho-Keung Tang M.D. PO Box 6715 Stateline, NV: 89449				23b. LICENSE NUMBER 8365	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 26, 2008		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
PART I					
(a) Cardiopulmonary Arrest				Minutes	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Sepsis				Days	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Pneumonia				Days	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)			
28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			

STATE REGISTRAR

540883



BK- 0308
PG- 996

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195304 CERTIFIED COPY OF VITAL RECORDS

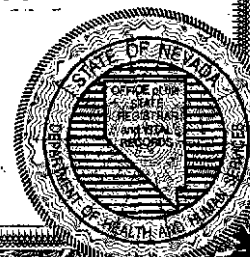
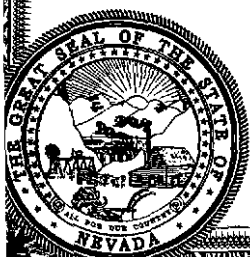
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **FEB 26 2008**

Rd White
STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

PHNCO (REV) 1/06



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE