1

Assessor's Parcel Number: 1420-34-810-005

Recording Requested By:

Name: United General Title ans. Fisery

Address: P.O. Box 2590

City/State/Zip Chicago, IL 600090-4596

Real Property Transfer Tax:

DOC # 0721400
04/14/2008 03:13 PM Deputy: DW
OFFICIAL RECORD
Requested By:
FISERV LENDING SOLUTIONS

Douglas County - NV Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00 BK-0408 PG-3454 RPTT: 0.00



DECEASED JOINT TENANCY AFFIDAVIT

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.



DECEASED JOINT TENANCY AFFIDAVIT

STATE OF NV COUNTY OF DOUGLAS ss.

Order No.

ELEANOR A. BARTKO being duly sworn states that he/she resides at 2627 FULLER AVE, MINDEN, NV 89423.

That he/she was acquainted with <u>ALEX J. BARTKO</u> deceased who, at the time of his/her death, was one of the owners of the land in <u>DOUGLAS</u> County, NV, described as:

SEE ATTACHED LEGAL DESCRIPTION

That the deceased died <u>04/08/1997</u> as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

X	Leaving no Last Will & Testament	\ \	
[]	Leaving a Last Will & Testament a copy of which is attached hereto. The should be filed with the Clerk of the Probate Division of the Circuit Court	original of the unproved will of DOUGLAS County, NV.	~
[]	Leaving a Last Will & Testament which was filed in the Unproved Will Bo Circuit Court of DOUGLAS County, NV about	ox of the Probate Division of	the
decease	That the total value of the estate of the deceased, including both real and perceased either individually or in joint tenancy at the time of the death of the deceased either individually or in joint tenancy at the time of the death of the deceased dollars.	ersonal property owned by the ed, does not exceed the sum of	; of
credit to	Affiants make this affidavit for the purpose of inducing <u>CITIBANK (WES</u> dit to <u>ELEANOR A. BARTKO</u> , secured by a mortgage/deed of trust executed by	T), FSB to extend a loan/line the said ELEANOR A. BAR	of <u>TKO</u>
	ne, covering the above-mentioned property. utside of California)	× .	
	bscribed and sworn to before me by the said ELEANOR A. BARTKO this, A.D	22 mb	day
_//	Jank h Manto demon	a. Buto	2/22/2008
Notary :	tary Public Signature ELEANOR A. BAI (Affiant's Signature)		Date
(Within	ithin California)	PAUL K MARTIN NOTARY PUBLIC STATE OF NEVADA	
- 10	ATE OF CALIFORNIA DUNTY OF	Date Appointment Exp: 04-07-2 Certificate No: 06-104642-12	
Subscri	bscribed and sworn to (or affirmed) before me on this day of, proved to me on the basis of satisfactory evidence to be the	, 20 , by e person(s) who appeared be	fore
me.			
Seal	alSignature		
Citi and	ond Citi with Ass Design on resistand and Sciti. L. 0721400 Pa		BK- 0408 PG- 3455 /14/2008

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Revised 12/27/2007 ACAPS: 108020809969000



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

	LOCAL FILE NUMBER	. · · · · · · · · · · · · · · · · · · ·	CERTIFICATE OF	DEATH	STATE FILE NUMBER	
TYPE OR PRINT	DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH	
IN PERMANENT BLACK INK	Alex	Joseph	BARTKO	2April 8, 1997	3aDouglas dicate DOA, OP/Emer. SEX	
DECEDENT	3b.Minden	3c. 2627 Ful:	· · · · · · · · · · · · · · · · · · ·	Rm. Inpatient (Sp. 3e.	Male	
O-CO-DETO	indian, etc) (Specify) s. White	6.	Rican, etc. Birthd 7a.	y (Years) MOS DAYS HOURS 76.	MINS: August 4, 1925.	
OCCURRED IN INSTITUTION	STATE OF BIRTH (If not U.S.A., name country) 9a. Pennsylvania	CITIZEN OF WHAT COUNTRY 9b. USA	grade completed.	ighest MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	SURVIVING SPOUSE (If wife, give maiden nam, Eleanor A. Dalcin	
REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give Kind of Work Done During Most of Work Done During Most of Working Life, Even if Retired). Traffic					
, L	_ 3	OUNTY 5b. Douglas	CITY, TOWN, OR LOCATION	STREET AND NUMBER 15d 2627 Full	inside city Limits (Specify Yes or No) 156. No.	
PARENTS	FATHER—NAME First Alexand	er A. Bai	tko, Sr. 17	AAIDEN NAME First Louise	Middle Last Pilette	
	INFORMANT—NAME (Type or Print) 18d. Eleanor A. Ba	rtko - Wife	MAILING ADDRESS	(Street or R.F.D. No., City or To	The same of the sa	
DISPOSITION	BURIAL, CREMATION, REMOVAL, C	19b. Eas	оя спематону— NAME tside Memorial I	25 arr 1975	City or Town State	
DISCOSTITUTE	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting Such 20a.	FUNERAL LICENSE N 20b. #12	ORDER 1555	FFACILITY FITZHENTY'S Ca Hwy 395, Minden, l	irson Valley Funeral Nevada 89423	
•	21 To the best of my knowled due to the cause(s) stated	WINAN 11/1/2	and force and	22a. On the basis of examination and/or at the time, date and place and due (Signature and Title)	Investigation, in my opinion death occurred to the cause(s) and manner stated.	
CERTIFIER	215 To the best of my knowled due to the cause(s) stated due to the cause(s) stated (Signature and Title) DATE SIGNED (Mo., Day, 15, 16, 16, 16, 16, 16, 16, 16, 16, 16, 16	1997 HOUR OF DEA	/ 15	Ö DÄTE SIGNEÖ (Mp., Day, Yr.) 8 22b	HOUR OF DEATH	
CERTIFIER	NAME OF ATTENDING P	HYSICIAN IF OTHER THAN GERTIF	ER (Type ar Print)	FRONDUNCED DEAD (Mo.: Day, Yr.)	PRONOUNCED DEAD (Hour) 22e AT	
,	23a Dr. J. Ke	3	ng physician medical examine hington Street,	Carson City, Nevada	236. 6376	
CONDITIONS IF ANY WHICH GAVE	REGISTRAR 24a. (Signature)	Hanne	1 2Ab 4-10	REGISTRAR (Mo., Day, Yr) DEATH DUE TO	O COMMUNICABLE DISEASE	
RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	111001	n phy one chuse per line to	(a), (b), AND (c).)		interval between onset and death	
CAUSE LAST	AST DUE TO, OR AS A CONSEQUENCE OF: (b)					
CAUSE OF	DUE TO, OR AS A CO	Interval between onset and death				
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) 28. NO 27. YES					
\	OR PENDING INVEST. (Specify) 28a. 28	1b. 28c.	M 28d.	V INJURY OCCURRED	·	
/	INJURY AT WORK (Specify Yes or No) 28e. 28	ACE OF INJURY—At home, farm, stre building, etc. (Spec If.	et, factory, office LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN STATE	
3		///	STATE REGISTRAI	₹	No.109674	
**				Man 5	.0	
		This is to certify that the of the certificate on file	ne above is a true and com In this office.	pronone Syrecticopy	ava S	

Date Issued APR 1 0 1997

State Registrar

BK- 0408 PG- 3456 04/14/2008

VARNING: IT IS ILLEGAL TO ALTER C

Page:

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-1039FPGP

SCHEDULE A

ALL THAT REAL PROPERTY SITUATED IN THE COUNTY OF Douglas, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

LOT 45 OF SIERRA VIEW, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA.

PROPERTY ADDRESS: 2627 FULLER AVE

BARTKO, ELEANOR A

Record and Return To: United General Title Ins Fisery—P.O. BOX 2590 Chicago, IL 60690

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n721400 Page: