

RECORDING REQUESTED BY AND
MAIL TO:

Karon Puchalski
c/o Michael Smiley Rowe, Esq.
✓ 1638 Esmeralda Avenue
Minden, NV 89423

Pursuant to NRS 239B.030(4), I affirm that
the instrument contained below (or attached hereto)
contains a social security number.

APN: 420-18-214-071

DOC # 0725807
06/27/2008 08:31 AM Deputy: GB

OFFICIAL RECORD
Requested By:
ROWE & HALES LLP

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0608 PG-6874 RPTT: 0.00



AFFIDAVIT OF SURVIVING JOINT TENANT

KARON PUCHALSKI, being first duly sworn on oath, deposes and
states under the pains and penalties of perjury as follows:

1. That your affiant is the wife of MICHAEL JOSEPH
PUCHALSKI, Deceased. Your affiant is the surviving joint tenant of
MICHAEL JOSEPH PUCHALSKI.

2. Your affiant and MICHAEL JOSEPH PUCHALSKI were grantees
in joint tenancy with right of survivorship pursuant to that
certain grant, bargain and sale deed dated 11 November 1989 and
recorded 27 November 1989 in the official records of Douglas
County, Nevada, as Document No. 215355, Book 1189, Page 3108.

The grantees in the grant, bargain and sale deed are one
and the same as your affiant and MICHAEL J. PUCHALSKI.

3. The joint tenancy property, with right of survivorship,
is located at 862 Coloma Drive, Minden, Nevada, 89423. The
property may be more specifically identified as:

Lot 119 in Block F, as shown on the Official Map of SILVERADO HEIGHTS SUBDIVISION, filed for record in the Office of the County Recorder of Douglas County, Nevada, on September 18, 1978, in Book 978, Page 1176, as Document No. 25326 and Certificate of Amendment of the final plat of said subdivision, recorded August 23, 1979, in Book 879, of Official Records at page 1725, as Document No. 35885, and Certificate of Amendment of the final plat of said subdivision recorded October 12, 1979, in Book 1079, Page 1039, as Document No. 37638, Official Records, Douglas County, Nevada.

APN: 1420-18-214-071

MICHAEL J. PUCHALSKI, affiant's joint tenant, died on 6 November 2004, in Reno, Nevada, and is the identical person named as the Deceased in that certain certified copy of the certificate of death attached hereto as Exhibit "A". The certified copy of the certificate of death is incorporated herein by this reference as if set forth in full.

4. That all of the property identified herein is now vested in your affiant, KARON PUCHALSKI, as of the date of the Decedent's death.

DATED this 25 day of June, 2008.


KARON PUCHALSKI

A C K N O W L E D G E M E N T

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

On June 25, 2008, before me, the undersigned, a Notarial

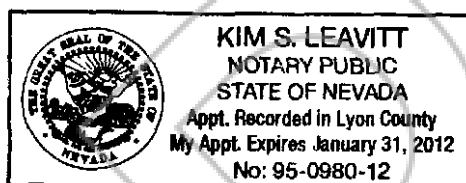


Officer in and for said County and State, personally appeared KARON PUCHALSKI, known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

This instrument was acknowledged before me on this 25 day of June, 2008.



NOTARIAL OFFICER



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

2004 0015503

ROLL 116 IMAGE 231

2968

STATE FILE NUMBER

TYPE
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IDENT

DEATH
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DURING
SECTION OF
VITAL RECORDS

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1. DECEASED—NAME First Middle Last Michael Joseph PUCHALSKI			2. DATE OF DEATH (Month, Day, Year) November 6, 2004		COUNTY OF DEATH Washoe
3b. RENO CITY, TOWN OR LOCATION OF DEATH		3c. Washoe Medical Center HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		3e. Inpatient If Hosp. or Inst. indicate DOA, OP/Emer. Rtn. Inpatient (Specify)	4. Male SEX
5. White RACE—(e.g., White, Black, American Indian, etc.) (Specify)	6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Was Decedent of Hispanic Origin? Specify Mexican, Cuban, Puerto Rican, etc.	7a. 63 AGE—Last Birthday (Years)	7b. : UNDER 1 YEAR MOS : DAYS	7c. : UNDER 1 DAY HOURS : MINS	8. September 15, 1941 DATE OF BIRTH (Mo., Day, Yr.)
9a. Illinois STATE OF BIRTH (If not U.S.A., name country)	9b. U.S.A. CITIZEN OF WHAT COUNTRY	10. 13 Decedent's Education. Specify highest grade completed.	11. Married MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		12. Karon Jordan SURVIVING SPOUSE (If wife, give maiden name)
13. -2691 SOCIAL SECURITY NUMBER	14a. Owner-Operator USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even if Retired)		14b. Auto Parts KIND OF BUSINESS OR INDUSTRY		
15a. Nevada RESIDENCE—STATE	15b. Douglas COUNTY	15c. Minden CITY, TOWN, OR LOCATION	15d. 1368 Downs Dr. STREET AND NUMBER	15e. Yes INSIDE CITY LIMITS (Specify Yes or No)	
16. Joseph Puchalski FATHER—NAME First Middle Last		17. Michaelene Ruthkowski MOTHER—MAIDEN NAME First Middle Last			
18a. Karon Puchalski INFORMANT—NAME (Type or Print)		18b. 1368 Downs Dr., Minden, Nevada 89423 MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
19a. Cremation BURIAL, CREMATION, REMOVAL, OTHER (Specify)		19b. Walton's Sierra Crematory CEMETERY OR CREMATORY—NAME		19c. Carson City, Nevada LOCATION City or Town State	
20a. [Signature] FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		20b. 09 FUNERAL DIRECTOR LICENSE NUMBER		20c. 1281 N. Roop St., Carson City, Nevada 89706 NAME AND ADDRESS OF FACILITY	
21a. [Signature] To be completed by CERTIFYING PHYSICIAN DATE SIGNED (Mo., Day, Yr.)		21b. 11/9/04 HOUR OF DEATH		21c. 1210 HOUR OF DEATH	
21d. [Signature] NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. [Signature] To be completed by Coroner's Office DATE SIGNED (Mo., Day, Yr.)		22b. [Signature] DATE SIGNED (Mo., Day, Yr.)	
23a. Athanas Roumanas, MD 75 Pringle Way #512 Reno NV NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		23b. 9348 LICENSE NUMBER			
24a. [Signature] REGISTRAR		24b. November 12, 2004 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		24c. - YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> DEATH DUE TO COMMUNICABLE DISEASE	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART 1 (a) Cerebrovascular Accident DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) Respiratory failure DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) S/P CABG OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		Interval between onset and death			
26. NO AUTOPSY (Specify Yes or No)		27. NO WAS CASE REFERRED TO CORONER (Specify Yes or No)			
28a. ACC, SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	28b. : DATE OF INJURY (Mo., Day, Yr.)	28c. M 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	28h. : STREET OR R.F.D. No.	28i. : CITY OR TOWN STATE

BK- 0608
PG- 6877
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STATE REGISTRAR

No. 274037

089545

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: **NOV 04 2005**

STATE REGISTRAR

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

