

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: 1220-15-210-009

DOC # 0725808
06/27/2008 08:41 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- 6878 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 15 June 1990 and
recorded 18 June 1990 in the official records of Douglas County,
Nevada, as Document No. 228379, Book 690, Page 2474.

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 1403 Jobs Peak Drive, Gardnerville, Nevada, 89460.
The property may be more specifically identified as:

Lot 164, as shown on the map of GARDNERVILLE RANCHOS, UNIT NO. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 1, 1965, in Book 31, Page 686, as Document No. 28309, and Amended Title Sheet recorded on June 4, 1965, in Book 31, Page 797, as Document No. 28377.

APN: 1220-15-210-009

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

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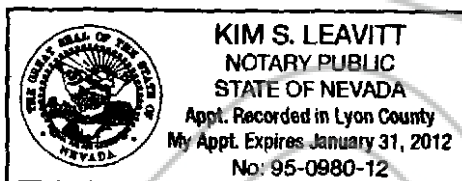


the within instrument and acknowledged that she executed the same.

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



NOTARIAL OFFICER



COPY

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

20040015503

ROLL 116 IMAGE 231

2968

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
1. Michael Joseph PUCHALSKI		2. November 6, 2004		3a. Washoe	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX	
3b. Reno		3c. Washoe Medical Center		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
5. White		6.		7a. 63	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
9a. Illinois		9b. U.S.A.		10. 13	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. [REDACTED]-2691		14a. Owner-Operator		14b. Auto Parts	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
15a. Nevada		15b. Douglas		15c. Minden	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		STREET AND NUMBER	
16. Joseph Puchalski		17. Michaelene Ruthkowski		15d. 1368 Downs Dr.	
INSIDE CITY LIMITS (Specify Yes or No)		INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
15e. Yes		18a. Karon Puchalski		18b. 1368 Downs Dr., Minden, Nevada 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. Walton's Sierra Crematory		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. [Signature]		20b. 09		20c. 1281 N. Roop St., Carson City, Nevada 89706	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH	
[Signature]		11/9/04		1210	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. ON		22b. AT	
21d. Athan Roumanas, MD 75 Pringle Way #512 Reno NV		22a. ON		22b. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
23a. Athan Roumanas, MD 75 Pringle Way #512 Reno NV		24b. November 12, 2004		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. [Signature]		24b. November 12, 2004		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		PART I		Interval between onset and death	
(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) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		PART II		Interval between onset and death	
26. NO		27. NO		Interval between onset and death	
ACC. SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a.		28b.		28c.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION	
28e.		28f.		28g.	

STATE REGISTRAR

No. 274037

089543

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

[Signature]
STATE REGISTRAR

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



EK-0608
 PG-6881
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