1

# 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.

DOC # 0725809 06/27/2008 08:48 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-6882 RPTT: 0.00



APN: 1420-33-610-049

#### 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 3 January 1991 and recorded 7 January 1991 in the official records of Douglas County, Nevada, as Document No. 242398, Book 191, Page 604.

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 1368 Downs Drive, Minden, Nevada, 89423. The property may be more specifically identified as:

Lot 24, of Block 4, as shown on the Plat of Mountain View Estates, No. 2, recorded October 24, 1979, in Book 1079 of Official Records, at Page 1962, Douglas County, Nevada, as Document No. 38123.

APN: 1420-33-610-049

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 35 day of June, 2008.

Laron Puchelol KARON PUCHALSKI

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

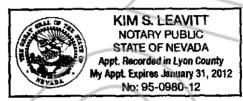
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On June <u>95</u>, 2008, before me, the undersigned, a Notarial Officer in and for said County and State, personally appeared KARON PUCHALSKI, known to me to be the person whose name is subscribed to

the within instrument and acknowledged that she executed the same.

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

NOTARIAL OFFICED



## 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\_\_\_

2006 0 0 1 5 5 0 3

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	OLL 116 IMAGE 23	2968 '		,	\	STATE FILE NUMBER
_	DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day,		COUNTY OF DEATH
	1. Michael	Joseph	PUCHALSKI	2. November 6,	2004	3aWashoe
	CITY, TOWN OR LOCATION OF DEA		IER INSTITUTION—Name (If not either, s	ive street and number) If Hosp, or I	nst, indicate DOA	, OP/Erner. SEX
	3b. Reno	36 Washoe	Medical Center	Rm, inpatter 3e. Inpa	atient	/ 4. Malé
	PACE-(e.g., White, Black, American			Last   UNDER 1 YEAR   UI	NDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)
	indian, etc.) (Specify)  5. White	6.		63 70 7c.		September 15,1
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	SOCIAL SECURITY NUMBER  13. 2691	Working Life, Even if Re	Give Kind of Work Done During Most of fired) -Operator	048 620 146 Auto Parts	OUSTRY	
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	15a. Nevada 15	m Douglas	15c Minden	1368 D	owns Dr.	(Specify Yes or No) 15e. Yes
$\geq$	FATHER—NAME First	- Middle		MAJDEN NAME First	Middle	
	16. Joseph	Puel	nalski 17	Michaelene	<i>y</i> .	Ruthkowski
$\setminus$	INFORMANT—NAME (Type or Print)	, , , , , , , , , , , , , , , , , , ,	MAILING ADDRESS	(Street or R.F.D. No., Cit)	or Town, State,	
	18a Karon Puchals	real and the second		Dr., Minden, Ne	. 9.	9423
لر	BURIAL, CREMATION, REMOVAL, O	444.	ERY OR CREMATORY—NAME	LOCATION		r Town State
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		19b.W	TITOH S STREETS OF	DE FACILITY TY 1. 1. CI	LSOH OIC	the Waller
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STATE REGISTRAR

No. 2/403/



089544

**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 0 4 2005

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



Pade: