

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: 1420-33-1610-049

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



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 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

 **KIM S. LEAVITT**
NOTARY PUBLIC
STATE OF NEVADA
Appt. Recorded in Lyon County
My Appt. Expires January 31, 2012
No: 95-0980-12

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

2004 0015503

ROLL 116 IMAGE 231

2968

STATE FILE NUMBER

TYPE PRINT IN PERMANENT INK
 IDENT
 DEATH IN SITUATION
 HANDBOOK
 SECTION OF
 VITAL STATISTICS
 DEATH
 POSITION
 CERTIFYING
 PHYSICIAN
 REGISTRAR
 SE OF
 ATH

DECEASED—NAME First Middle Last 1. Michael Joseph PUCHALSKI			DATE OF DEATH (Month, Day, Year) 2. November 6, 2004		COUNTY OF DEATH 3a. Washoe
CITY, TOWN OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center		If Hosp. or Inst. indicate DOA, OP/Emmer. Rm. Inpatient (Specify) 3e. Inpatient /	SEX 4. Male
FACE—(a.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 63	UNDER 1 YEAR MOS : DAYS 7b.	UNDER 1 DAY HOURS : MINS 7c.
STATE OF BIRTH (If not U.S.A., name country) 9a. Illinois		CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 13	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	DATE OF BIRTH (Mo., Day, Yr.) 8. September 15, 1941
SOCIAL SECURITY NUMBER 13. [REDACTED] 2691		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Owner-Operator		KIND OF BUSINESS OR INDUSTRY 14b. Auto Parts	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Minden	STREET AND NUMBER 15d. 1368 Downs Dr.	
INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes		FATHER—NAME First Middle Last 16. Joseph Puchalski		MOTHER—MAIDEN NAME First Middle Last 17. Michaelene Ruthkowski	
INFORMANT—NAME (Type or Print) 18a. Karon Puchalski			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1368 Downs Dr., Minden, Nevada 89423		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Walton's Sierra Crematory		LOCATION City or Town State 19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 09	NAME AND ADDRESS OF FACILITY 20c. Walton's Chapel of the Valley, 206 1281 N. Roop St., Carson City, Nevada 89706		
21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature] M.D.			22. 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) and manner stated. (Signature and Title) [Signature]		
DATE SIGNED (Mo., Day, Yr.) 21b. 11/9/04		HOUR OF DEATH 21c. 1210		DATE SIGNED (Mo., Day, Yr.) 22b.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 23a. Athan Roumanas, MD			PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		PRONOUNCED DEAD (Hour) 22e. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Athan Roumanas, MD 75 Pringle Way #512, Reno NV			LICENSE NUMBER 23b. 9348		
REGISTRAR 24a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. November 12, 2004		DEATH DUE TO COMMUNICABLE DISEASE 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		(a) Cerebrovascular Accident			
		DUE TO, OR AS A CONSEQUENCE OF:			
		(b) Respiratory failure			
		DUE TO, OR AS A CONSEQUENCE OF:			
PART II		(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. S/P CABG			
ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify) 26a.		DATE OF INJURY (Mo., Day, Yr.) 26b.	HOUR OF INJURY 26c.	DESCRIBE HOW INJURY OCCURRED 26d.	
INJURY AT WORK (Specify Yes or No) 28a.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE

BK- 0608
 PG- 6885
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STATE REGISTRAR

No. 274037

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 04 2005

[Signature]
STATE REGISTRAR

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

