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OFFICIAL RECORD

Requested By:
OLGA APCAR

A.P.N: 1318-10-416-049

After recording, return to:
Olga Apar
✓ 1499 Cayuga Parkway
Las Vegas, NV 89169
(702) 735-0504

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-1008 PG- 1576 RPTT: 0.00



Mail tax statements to:
Olga Apar
1499 Cayuga Parkway
Las Vegas, NV 89169
(702) 735-0504

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF }
 } S.S.
COUNTY OF }

Olga Apar, of legal age, being duly sworn, deposes and says that Frederic Apar, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Frederic Apar named as one of the parties in that certain deed dated May 7, 2008, executed by Frederic Apar and Olga Apar, as joint tenants, recorded as Document No. 0723989 on 5/27/08 Official Records of DOUGLAS County, Nevada, covering the following described real property situated in ZEPHYR COVE County of CLARK State of Nevada.
DOUGLAS

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF.

Dated: 10-09-08
 O. Apar
 Affiant O. APCAR

On 10/09/08, personally appeared before me, a notary Public, Olga Apar, proved to me to be the person whose name is subscribed to the above instrument who acknowledged that he/she executed the within instrument.

[Signature]
Notary Public

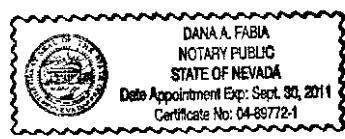
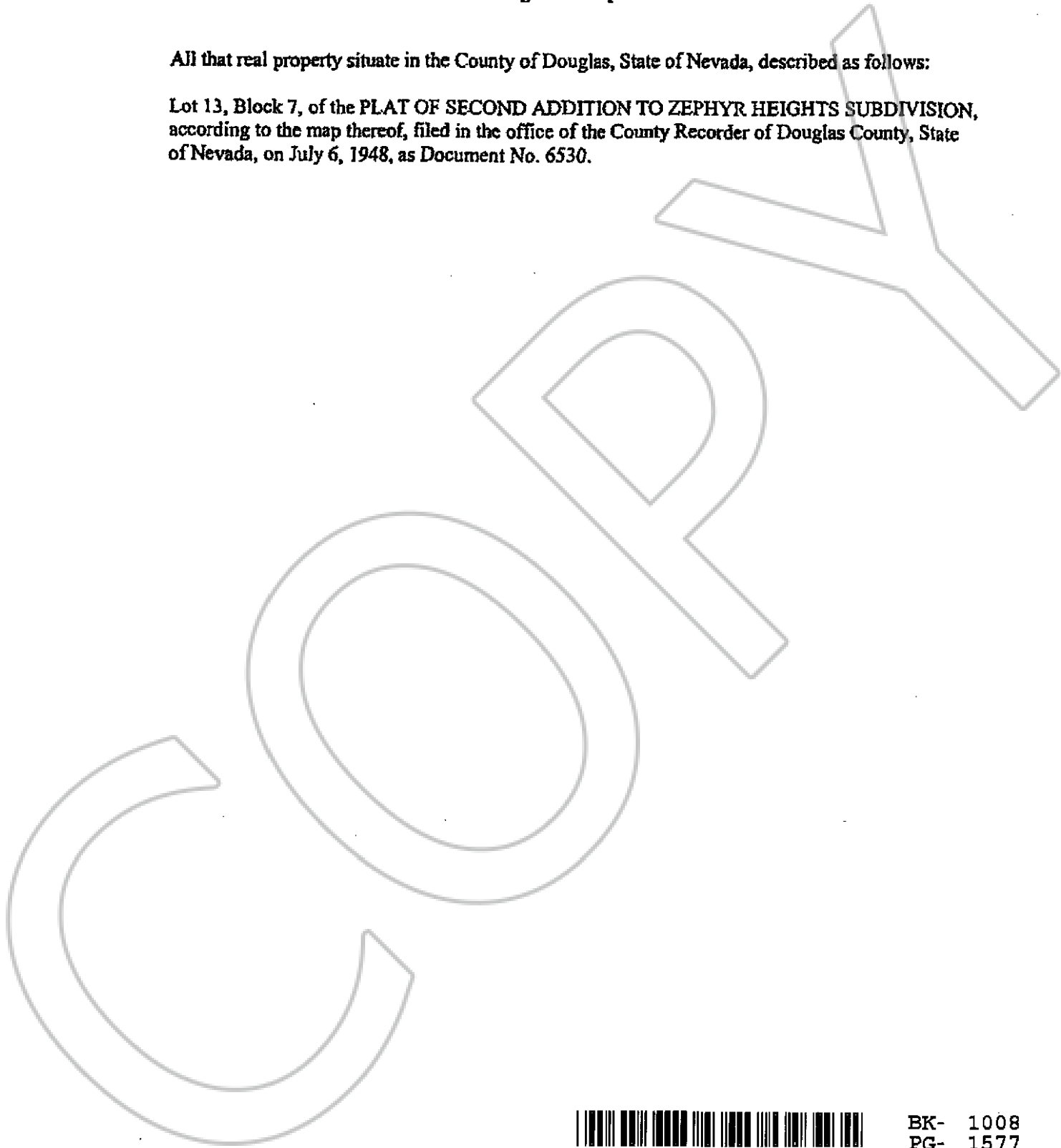


Exhibit "A"

Legal Description

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 13, Block 7, of the PLAT OF SECOND ADDITION TO ZEPHYR HEIGHTS SUBDIVISION, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on July 6, 1948, as Document No. 6530.



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0628473

RM 1104 DCN 2330

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — VITAL STATISTICS

CERTIFICATE OF DEATH

2008011719
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE — STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Frederic Stephan APCAR			2. DATE OF DEATH (Mo/Day/Year) August 02, 2008		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street and number) Sunrise Hospital Medical Center		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient		4. SEX Male
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 93		7b. UNDER 1 YEAR MOS DAYS
9a. STATE OF BIRTH (If not U.S.A. name country) Russia		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
13. SOCIAL SECURITY NUMBER 6296		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Show Producer		14b. KIND OF BUSINESS OR INDUSTRY Entertainment		12. SURVIVING SPOUSE (If wife, give maiden name) Olga HANTIGOVA
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas		15d. STREET AND NUMBER 1499 Cayuga Parkway
16. FATHER - NAME (First Middle Last Suffix) Nicolaj APCAR				17. MOTHER - NAME (First Middle Last Suffix) Elisabeth NERSES		
18a. INFORMANT- NAME (Type or Print) Olga APCAR			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1499 Cayuga Parkway Las Vegas, Nevada 89169			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Palm Valley View Cemetery		19c. LOCATION City or Town State Las Vegas Nevada 89123		
20a. FUNERAL DIRECTOR - SIGNATURE (Or-Parson Acting as Such) BART BURTON <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 50		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Eastern 7600 S Eastern Las Vegas NV 89123		
TRADE CALL - NAME AND ADDRESS						
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ALEXANDER FOAD AKHAVAN M.D. <i>SIGNATURE AUTHENTICATED</i>				22a. 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) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) August 05, 2008		21c. HOUR OF DEATH 11:00		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Alexander Foad Akhavan M.D. 5945 South Rainbow Blvd. Las Vegas, NV 89142					23b. LICENSE NUMBER 11478	
24a. REGISTRAR (Signature) NINETTE HARRINGTON <i>SIGNATURE AUTHENTICATED</i>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 05, 2008		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death
PART I						
(a) Myocardial infarction						
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(b) Coronary artery disease						
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(c)						
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(d)						
PART II						
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. 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 STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR



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"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics
By: *[Signature]*
Date Issued: **OCT 07 2008**