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APN: 1420-34-810-005

DOC # 0736707
01/29/2009 02:41 PM Deputy: PK
OFFICIAL RECORD
Requested By:
NANCY REY JACKSON

When Recorded Return and Mail Tax Statements To:
Eleanor A. Bartko
2627 Fuller Ave
Minden, NV 89423

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 2 Fee: 15.00
BK-0109 PG- 6101 RPTT: 0.00

AFFIDAVIT OF TERMINATION OF JOINT TENANT



STATE OF NEVADA) *Death Joint TENANT*
)§
COUNTY OF DOUGLAS)

ELEANOR A. BARTKO, of legal age, being duly sworn, deposes and says:

1. That ALEX J. BARTKO, the decedent mentioned in the attached certified copy of certificate of death, was, until his death, and is the same person as ALEX J. BARTKO, named as one of the parties in that certain deed by and between ALEX J. BARTKO and ELEANOR A. BARTKO, his wife, as joint tenants, of official records of Douglas County, State of Nevada, concerning the real property situate in the County of Douglas, State of Nevada, described as follows:

LOT 45 AS SHOWN ON THE MAP OF SIERRA VIEW SUBDIVISION,
FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS
COUNTY, NEVADA. APN 1420-34-810-005

2. That this affidavit is executed and recorded for the purposes of terminating the interest of said ALEX J. BARTKO in and to the hereinabove-described real property.

Dated this 21st day of January 2009.

Eleanor A. Bartko

ELEANOR A. BARTKO

On this 21st day of January 2009, personally appeared before me, a Notary Public, Eleanor A. Bartko, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that she executed the above instrument.

[Signature]
NOTARY PUBLIC



STATE OF NEVADA

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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

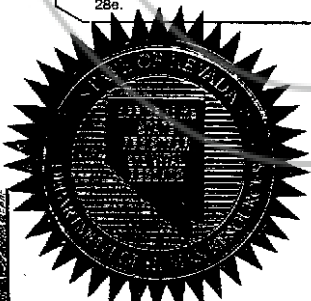
DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER					
1. Alex Joseph BARTKO		2. April 8, 1997		3a. Douglas		COUNTY OF DEATH					
3b. Minden		3c. 2627 Fuller Avenue		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		4. Male					
5. White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. 71		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS		8. August 4, 1925	
9a. Pennsylvania		9b. USA		10. 12		11. Married		12. Eleanor A. Dalcin			
13. 5545		14a. Traffic Engineering Superintendent		14b. General Telephone & Electronics							
15a. Nevada		15b. Douglas		15c. Minden		15d. 2627 Fuller Ave.		15e. No			
16. Alexander A. Bartko, Sr.		17. Louise Pilette									
18a. Eleanor A. Bartko - Wife				18b. 2627 Fuller Avenue, Minden, Nevada 89423							
19a. Burial		19b. Eastside Memorial Park		19c. Minden, Nevada							
20a. [Signature]		20b. #126		20c. Home 1555 Hwy 395, Minden, Nevada 89423							
21a. [Signature]		21b. April 9, 1997		21c. 0915		22a. [Signature]		22b. [Signature]		22c. [Signature]	
21d. [Signature]		21e. [Signature]		21f. [Signature]		22d. ON		22e. AT			
23a. Dr. J. Kelly, 550 W. Washington Street, Carson City, Nevada		23b. 6376									
24a. [Signature]		24b. 4-10-97		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		(a) Lung Cancer		(b) [Signature]		(c) [Signature]		Interval between onset and death: 20 months			
PART I		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. NO		27. YES					
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	



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Sybil Sylvia

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: APR 10 1997

State Registrar