APN: 1420-34,810-005

When Recorded Return and Mail Tax Statements To: Eleanor A. Bartko 2627 Fuller Ave Minden, NV 89423 DOC # 0736707
01/29/2009 02:41 PM Deputy: PK
OFFICIAL RECORD
Requested By:
NANCY REY JACKSON

Douglas County - NV Karen Ellison - Recorder

Page: 1 Of 2 Fee: BK-0109 PG-6101 RPTT:

15.00

AFFIDAVIT OF TERMINATION OF JOH

STATE OF NEVADA

)

COUNTY OF DOUGLAS

)

County of Douglas

(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.

Chango Brita

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.

NOTARY PUBLIC

CARRIE M. DIMITRI
Notary Public, State of Nevede
Appointment No. 00-63647-5
My Appt. Expires Jul 17, 2012

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH

VITAL STATISTICS

STATE OF NEVADA -- DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH -- SECTION OF VITAL STATISTICS

-	·	*	CERTIFICA	A I E UF DEA	un "	· \
	LOCAL FILE NUMBER				(STATE FILE NUMBER
TYPE OR PRINT (DECEASED-NAME First	Middle	į.	.ast	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
IN PERMANENT BLACK INK	Alex	ococpii	BART		₂ April 8, 1997	3aDouglas
BLACK INK	CITY, TOWN, OR LOCATION OF I	DEATH HOSPITAL OR C	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give str		et and number) If Hosp, or Inst, in Rm, Inpatient (Sp	dicate DOA, OP/Emer. SEX
DECEDENT	3b.Minden		3c 2627 Fuller Avenue			4.Male
	RACE—(e.g., White, Black, Americ Indian, etc) (Specify) 5. White	Was Decedent of Hispan specify Mexican, Cuban, 6.	Mexican, Cuban, Puerto Rican, etc. Birthday (Years) MOS • DAYS HOURS • MINS			
IF DEATH OCCURRED IN INSTITUTION	STATE OF BIRTH (If not U.S.A., name country) a. Pennsylvania	CITIZEN OF WHAT CO	UNTRY Decedent's Educa grade completed.	ntion. Specify highest	MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	SURVIVING SPOUSE (If wife, give maiden name) "Eleanor A. Dalcin
SEE HANDBOOK REGARDING	SOCIAL SECURITY NUMBER	I SD.	I 10. N (Give Kind of Work Done D	uring Most of	KIND OF BUSINESS OR INDUSTR	1 14
COMPLETION OF RESIDENCE ITEMS	13. 5545	14a. Enginee	SUAL OCCUPATION (Give Kind of Work Dane During Most of orking Life, Even if Retired) Traffic a. Engineering Superintendent 14b. General Telephone & Electronics			
L	HESIDENCE—STATE	COUNTY 15b. Douglas	CITY, TOWN, OR LO	OCATION	STREET AND NUMBER 15d 2627 Full	INSIDE CITY LIMITS (Specify Yes or No) 15e. NO
PARENTS	FATHER-NAME First	Middle	Last	MOTHER-MAIDE	V NAME First	Middle Last
ANEMIO	16. Alexano		Bartko, Sr.	17. ``	Louise	Pilette
	INFORMANT—NAME (Type or Print 18a Eleanor A. Ba	37	MAILING ADD	4.1	(Street or R.F.O. No., City or Tow venue, Minden, No.	76.47
١	BURIAL CREMATION, REMOVAL	.44 " 1/4	ETERY OR CREMATORY-		LOCATION	City or Town State
DISPOSITION	19a Burial 19b Eastside Memorial Park 19c Minden, Nevada					
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting Such Such 126 200. #126 200. Home 1555 Hwy 395, Minden, Nevada 89423					
	at the time, date and place and due to the cause(s) and manner stated.					
I	DATE SIGNED (Mo., Da		F DEATH		ATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
ERTIFIER	See 21b. April 9			00 22	be visit is	22c.
	Signature and Title) OATE SIGNED (Mo., Da OATE SIGNED (Mo., Da	PHYSICIAN IF OTHER THAN C	ERTIFIER (Type or Print) ぐく	OF PR	ONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DÉAD (Hour)
	EIG.	OF CERTIFIER (PHYSICIAN, AT	TENDING BUYORIAN ACO		d-ON	22e. AT
			* *	\ . \ \"		03
	REGISTRAR	(elly) 550 W.	Washington Si	treet, Car	son City, Nevada	·
CONDITIONS IF ANY WHICH GAVE	PREGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE 24a. (Signature) 24b					
RISE TO IMMEDIATE CAUSE	25. IMMEDIATE CAUSE (ENT	BA QULY ONE CHUSE PEA LII	NE FOR (a), (b), AND (c).)			interval between onset and death
STATING THE UNDERLYING CAUSE LAST	PART (A) Line	Winne		/ / .		"I months
CAUSE LAST	DUE TO, OR AS A	ONSEQUENCE OF:				Interval between onset and death
جرنا ،	(b)	DUE TO, OR AS A CONSEQUENCE OF: Interval between poset and death				
* :	Interval detween Onset and death					
AUSE OF DEATH	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. AUTOPSY Ves or No) ORIONER (Specify Yes or No) ORIONER (Specify Yes or No)					
واللادون	11	^			26. NO Yes	27.YES
\	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJU	RY OCCURRED	
\	(Specify) 28a.	285.	28c. M			
N	INJURY AT WORK	PLACE OF INJURY -At home, fa	rm, street, factory, office	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN STATE

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BK- 0109 PG- 6102 01/29/2009 No.109674

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

Date Issued: APR 1 0 1907

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

28g.