

A.P.N: 1418-27-404-001

After recording, return to:
Olga Aparcar
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- 1579 RPTT: 0.00

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

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF }
 } S.S.
COUNTY OF }

Olga Aparcar, of legal age, being duly sworn, deposes and says that Frederic Aparcar, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Frederic Aparcar named as one of the parties in that certain deed dated May 7, 2008, executed by Frederic Aparcar and Olga Aparcar, as joint tenants, recorded as Document No. 0723988 on 5/27/08 Official Records of DOUGLAS County, Nevada, covering the following described real property situated in CAVE ROCK County of DOUGLAS, State of Nevada.

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

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

On 10/09/08, personally appeared before me, a notary Public, Olga Aparcar, 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



DOUGLAS COUNTY

EXHIBIT "A"

LEGAL DESCRIPTION

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

A parcel of land lying wholly within the South 1/2 of Sec. 27, T14N, R18E, M.D.M., and being further described as follows:

Commencing on the Easterly right of way line of U.S. Hwy. 50 at the extreme Northwesterly corner of Cave Rock Estates Unit No. 1 as recorded in the Official Records of Douglas Co., Nevada; S 89°46'34" E 61.18' to the TR. POINT OF BEGINNING; thence S 88°57'36" E 565.59' to the Northwest corner of Lot 67 as delineated on the Official Map of Cave Rock Estates Unit No. 2; thence along the West lot line of said Lot 67 S 01°17'10" E 166.58' to the Northerly corner of Lot 46 of aforementioned Cave Rock Estates Unit No. 1; thence along the subdivision boundary the following courses: S 03°50'00" E 149.33'; S 32°33'00" E 124.56'; S 60°27'00" W 524.81; N 20°53'30" W 436.76' to the beginning of a tangent curve to the right with a central angle of 20°39'30" and a radius of 525.00'; thence along said curve an arc distance of 189.30; thence tangent to said curve N 00°14'00" E 92.72' to the point of beginning.

Assessment Parcel No. 03-100-11-2.

Legal description was previously recorded on document number 100589, book 584, page 768.

6-22-83
je

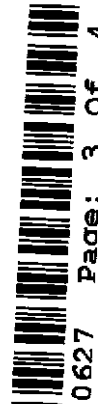
BK- 0409
PG- 35

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REQUESTED BY
DOUGLAS COUNTY TITLE
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA
\$6.00 Pl.
1984 MAY -9 PM 12: 20

SUZANNE BEAUDREAU
RECORDER
Betty Henderson
Dep.

100589
BOOK 584 PAGE 768



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

CERTIFICATE OF DEATH

2008011719

STATE FILE NUMBER

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		7c. UNDER 1 DAY HOURS MINS		
8. DATE OF BIRTH (Mo/Day/Yr) September 16, 1914			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		12. SURVIVING SPOUSE (If wife, give maiden name) Olga HANTIGOVA		
13. SOCIAL SECURITY NUMBER ██████████3296			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		
15a. RESIDENCE - STATE Nevada			15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas		
15d. STREET AND NUMBER 1499 Cayuga Parkway			15e. INSIDE CITY LIMITS (Specify Yes or No) No				
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 (Of Person Acting as Such) BART BURTON SIGNATURE AUTHENTICATED			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. SIGNATURE AUTHENTICATED			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)		
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 SIGNATURE AUTHENTICATED			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).)							
PART I							
(a) Myocardial infarction							
DUE TO, OR AS A CONSEQUENCE OF:							
(b) Coronary artery disease							
DUE TO, OR AS A CONSEQUENCE OF:							
(c)							
DUE TO, OR AS A CONSEQUENCE OF:							
(d)							
PART II					26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No							
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

BK- 0409
PG- 36

BK- 1008
PG- 1581

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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: *PK*
Date Issued:

OCT 07 2008