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OFFICIAL RECORD

Requested By:

SOLOMON DWIGGINS & FREER

WHEN RECORDED MAIL TO:
RECORDING REQUESTED BY:
SOLOMON DWIGGINS & FREER
Acuity Financial Center
7881 W. Charleston Blvd., Ste. 240
Las Vegas, NV 89117

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0409 PG- 37 RPTT: 0.00



MAIL TAX STATEMENTS TO:
Olga Apcar
1499 Cayuga Parkway
Las Vegas, NV 89169

(FOR RECORDER'S USE ONLY)

APN: 1418-27-410-003

**WITHDRAWAL OF
AFFIDAVIT - DEATH OF JOINT TENANCY**

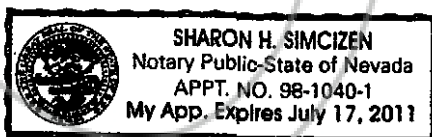
STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

OLGA APCAR, being first duly sworn, deposes and says that she is of legal age and is competent to be a witness as to the matters hereinafter stated. That she is the Affiant of that certain Affidavit - Death of Joint Tenant recorded as Instrument No. 0731329, Book 1008, page 1582, on October 10, 2008, the original of which is attached hereto as Exhibit "A", of Official Records, in the Office of the County Recorder of Douglas County, Nevada. Said Affidavit - Death of Joint Tenant was recorded in error.

O. Apcar
OLGA APCAR

STATE OF NEVADA)
) ss
COUNTY OF CLARK)

On this 11th day of February, 2009, before me, a notary public, personally appeared OLGA APCAR, who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument, the person or entity upon behalf of which person acted, executed the instrument.



Sharon H. Simcizen
NOTARY PUBLIC

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A.P.N: 1418-27-410-003

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-1582 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. 0723990 on 5/27/08 Official Records of DOUGLAS County, Nevada, covering the following described real property situated in ZEPHYR COVE County of Douglas, State of Nevada.

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"

RP 11 #2

DEED OF REAL PROPERTY

THIS INDENTURE, made this 31st day of May, 1991, by and between RON SMITH, Chief, Special Procedures function of the Internal Revenue Service, Las Vegas, Nevada, the authorized delegate of the Secretary of the Treasury, acting for and on behalf of the United States of America (United States), grantor, and Frederic Apar, a single man, grantee.

WHEREAS, Internal Revenue taxes were assessed against Joseph and Sally Conforte, which, by virtue of Section 6321 of the Internal Revenue Code of 1986 (26 U.S.C. 6321), gave rise to liens in favor of the United States upon the hereinafter described real property; and

WHEREAS, the hereinafter described real property was acquired from Joseph and Sally Conforte by the United States as partial payment of their delinquent Internal Revenue taxes owed to the United States;

AND, WHEREAS, the said property became the property of the United States by virtue of assignment through a Quitclaim Deed signed on February 26, 1990 by Joseph and Sally Conforte, being recorded on August 20, 1990, in the office of the Recorder, County of Douglas, State of Nevada; and

NOW, THEREFORE, the United States, in consideration of the sum of Forty-six thousand two hundred ten and no/hundredths dollars (\$46,210.00), the receipt of which is hereby acknowledged, does, pursuant to Section 7506 of the Internal Revenue Code, hereby grant, bargain and sell to Frederic Apar, buyer, as his sole and separate property, and assigns forever, all the right, title and interest of the United States of America in the real property in Douglas County, State of Nevada, more particularly described as:

Being all of Lot 14, as shown on the map entitled, "CAVE ROCK ESTATES UNIT NO. 1, filed for record January 3, 1962, in the office of the County Recorder, Douglas County, Nevada, as Document No. 19323.

APN 03-126-01

259353

BOOK 891 PAGE 5732



BK- 0409
PG- 39



BK- 1008
PG- 1583

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	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											
DECEDENT	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 ██████████6296							
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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		14c. Ever in US Armed Forces? No													
	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									
PARENTS	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												
DISPOSITION	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 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	TRADE CALL - NAME AND ADDRESS																	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED ALEXANDER FOAD AKHAVAN M.D.						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											
REGISTRAR	24a. REGISTRAR (Signature) SIGNATURE AUTHENTICATED NINETTE HARRINGTON				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"/>									
CAUSE OF DEATH	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: (b) Coronary artery disease DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)										Interval between onset and death							
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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

0740628 Page: 4 Of 4 04/01/2009 BK- 0409 PG- 40 0731329 Page: 3 Of 3 10/10/2008 BK- 1008 PG- 1584

"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: *PT*

Date Issued: **OCT 07 2008**