

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- 41 RPTT: 0.00



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

(FOR RECORDER'S USE ONLY)

APN: 1318-10-416-049

**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. 0731327, Book 1008, page 1576, 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.

Olga 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

10-

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

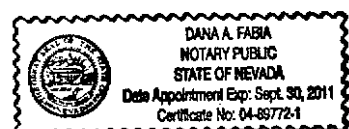
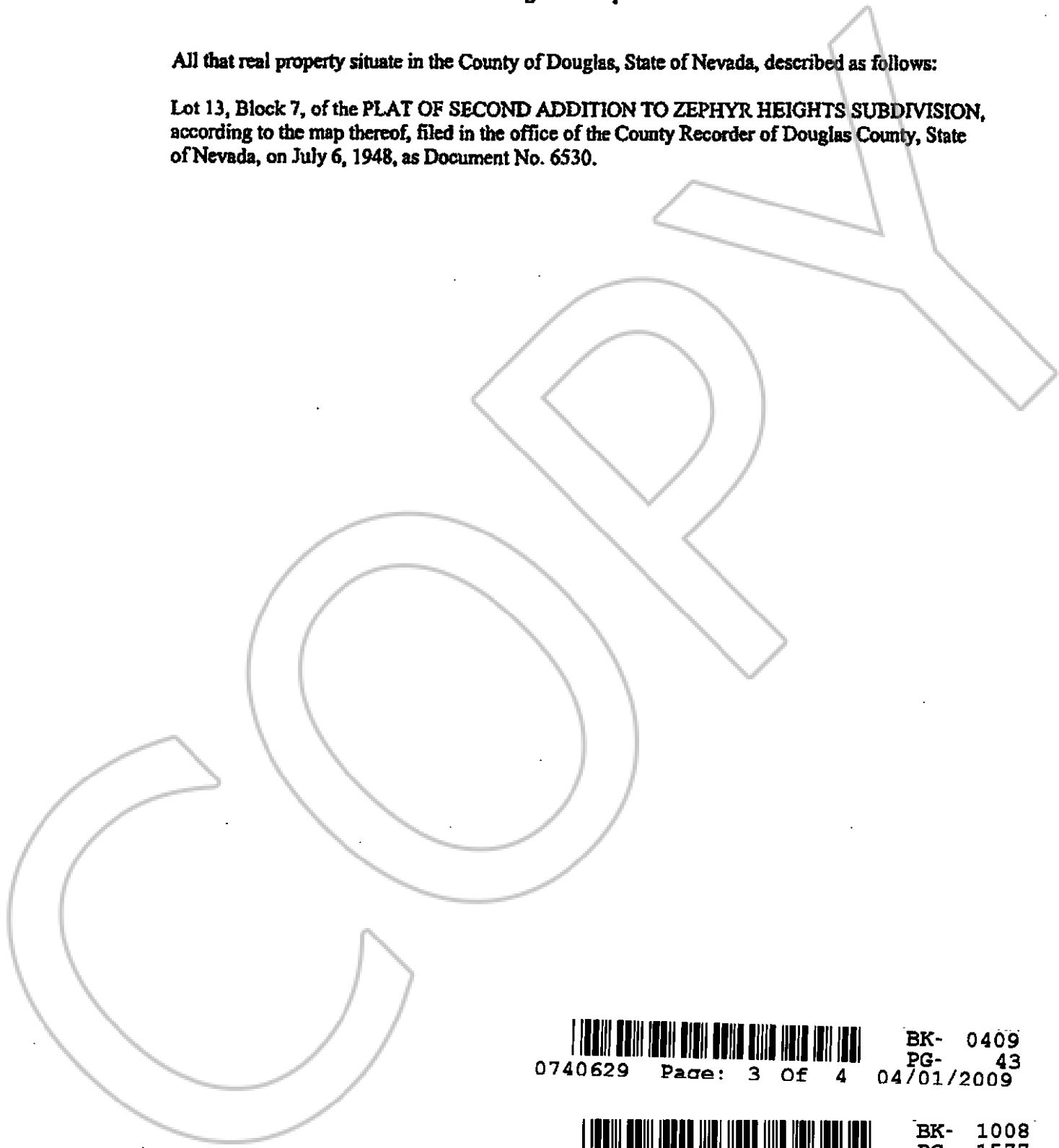



Exhibit "A"


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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PG- 1577

0628473

RM 1184 BC 02230

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	
DECEDENT	4. SEX Male		5. RACE White (Specify)		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	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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	
PARENTS	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	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
DISPOSITION	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			
TRADE CALL	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			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) BAK 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					
REGISTRAR	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.		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		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH			
	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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"/>	
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I				Interval between onset and death	
	(a) Myocardial infarction				Interval between onset and death	
(b) Coronary artery disease				Interval between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
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



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BK- 1008
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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**