



A.P.N. 1420-33-701-037
Escrow No.: DO-2090929-TA
1093038

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

Gary Gapch
2658 Clapham Lane
Minden, NV 89423

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

Gary Gapch, of legal age, being duly sworn, deposes and says

That **Ellona Gapch**, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as **Ellona G. Gapch** named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated , executed by **Gary Gapch and Ellona G. Gapch, husband and wife as joint tenants to Gary Gapch and Ellona Gapch, husband and wife as joint tenants** as joint tenants, recorded as Instrument No. **551118**, on **August 30, 2002**, in Book **802**, Page **11290**, of Official Records of **Douglas** County, Nevada, covering the following described property situated in the County of **Douglas**, State of Nevada.

Parcel E as shown on that certain **Parcel Map for Harold R. Clapham**, filed in the office of the County Recorder of **Douglas** County, State of Nevada on **February 3, 1976** in Book **276**, at page **75**, as **Document No. 87065**, of Official Records.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS



BK-410
PG-2001

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STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

TYPE IN PRINT IN PERMANENT INK
EDENT
DEATH CERTIFICATE IN INSTITUTION HANDBOOK REGARDING COMPLETION OF THESE ITEMS
MENTS
POSITION
TIFIER
OPTIONS ANY GIVE TO ADVISE USE OF THE LAST
USE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Ellona G. GAPCH		2. November 30, 2005	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Minden		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number)		SEX	
3c. 2658 Clapham Lane		4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		8. July 22, 1944	
STATE OF BIRTH (If not U.S.A., name country)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	
9a. California		11. Married	
CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (If wife, give maiden name)	
9b. U.S.A.		12. Gary Gapch	
SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
13. -7097		Bookkeeper	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Minden	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 2658 Clapham Ln.	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last	
15e. Yes		18. Earl Seawell	
MOTHER—MAIDEN NAME First Middle Last		17. Emily Hilzinger	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Gary Gapch - Husband		18b. 2658 Clapham Lane, Minden, Nevada 89423	
BURIAL, CREMATION, REMOVAL (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. FitzHenry's Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FACILITY	
20a. <i>[Signature]</i>		20b. FitzHenry's, Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, NV 89410	
21a. On the basis of my knowledge, death occurred on the date and place and due to the cause(s) stated.		21b. On the basis of examination and/or investigation, in my opinion death occurred on the date and place and due to the cause(s) and manner stated.	
DATE SIGNED (Mo., Day, Year)		DATE SIGNED (Mo., Day, Yr.)	
21b. 12/9/2005		22c. 12/9/2005	
HOUR OF DEATH		HOUR OF DEATH	
21c. 11:45		22b. 11:45	
NAME OF ATTENDING PHYSICIAN (If other than certifier, Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. Stephen Hewitt M.D.		22d. 12/9/2005	
21e. AT		22e. AT	
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER (Type or Print)		LICENSE NUMBER	
23a. Stephen Hewitt M.D., 1090 3rd St. #1, South Lake Tahoe, CA 96150		23b. 1107	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>[Signature]</i>		24b. December 8, 2005	
DEATH DUE TO COMMUNICABLE DISEASE		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) Metastatic adrenal cancer		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
26. No		27. No	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		26. No	
26. No		27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. 28a.		28b. 28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. 28c.		28d. 28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. 28e.		28f. 28f.	
LOCATION		STREET OR R.F.D. No.	
28g. 28g.		28h. 28h.	
CITY OR TOWN		STATE	
28i. 28i.		28j. 28j.	

STATE REGISTRAR

No. 325256

093529

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

DEC - 8 2005

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.





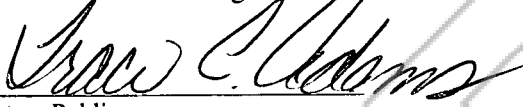
Dated: April 2, 2010



Gary Gapch

STATE OF NEVADA)
 SS.
COUNTY OF DOUGLAS)

On 4/6/10 before me, the undersigned, a Notary Public in and for said State and County, personally appeared Gary Gapch known to me to be the person whose name subscribed to the within instrument and acknowledge that he executed the same.

Signature 

Notary Public

