

OFFICIAL RECORD
Requested By:
TSI TITLE & ESCROW

RECORDING REQUESTED BY:

TSI Title and Escrow, Inc
P.O. Box 7197
Stateline, NV 89449

Douglas County - NV
Karen Ellison - Recorder

Title Order No.: 10-52001-RM
Escrow No.: 10-52001-SC

Page: 1 Of 2 Fee: 15.00
BK-0510 PG- 5062 RPTT: 0.00

When recorded mail to:
2932 La Cresta Circle
Minden, NV 89423



Parcel No. 1420-28-114-007

SPACE ABOVE THIS LINE FOR RECORDS USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF DOUGLAS } S.S.

Frank Susztar, of legal age, being first duly sworn, deposes and says: That Irmgard R. Susztar, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant, Bargain and Sale Deed, dated January 27, 2004 executed by H & S Construction to Frank Susztar and Irmgard R. Susztar, husband and wife as Joint Tenants, recorded as Instrument No. 0613483 on May 18, 2004, in Book 0504, Page 8525, of Official Records of Douglas County, covering the following described real property in, County of Douglas, State of NV

Lot 242 in Block C are shown on the Map of SARATOGA SPRINGS ESTATES UNIT 7, (Final Map #PD99-02-07) filed in the office of the Douglas County Recorder on August 19, 2003, File No. 587125

Property is commonly known as: 2932 La Cresta Circle, Minden, Nevada

Dated: 3/12/2010

Frank Susztar
Frank Susztar, surviving joint tenant

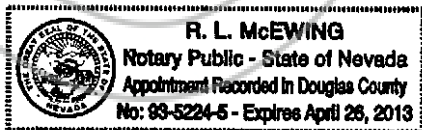
State of NV }
} ss:

County of Douglas }
On 3/12/2010

Before me, a Notary Public, personally appeared
Frank Susztar

[] personally known to me -or- [X] proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument

WITNESS my hand and official seal



R. L. McEwing
R. L. McEwing
NAME (TYPED OR PRINTED)

CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH**

2009019747
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Imgard Ruth SUSZTAR		2. DATE OF DEATH (Mo/Day/Year) November 05, 2009		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 2932 LaCresta Circle		3d. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 74		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS	
8. DATE OF BIRTH (Mo/Day/Yr) December 21, 1934		9a. STATE OF BIRTH (if not U.S.A., name country) Germany		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Frank SUSZTAR	
13. SOCIAL SECURITY NUMBER 1182		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Self Employed.		14b. KIND OF BUSINESS OR INDUSTRY Restaurant	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2932 LaCresta Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last - Suffix) Paul SADOWSKI			17. MOTHER - NAME (First Middle Last Suffix) Emma BASTEK		
18a. INFORMANT - NAME (Type or Print) Frank SUSZTAR		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2932 LaCresta Circle Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) NATE ALMEIDA DEPUTY CORONER SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) February 11, 2010		21c. HOUR OF DEATH 18:00	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
				22c. HOUR OF DEATH	
				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) NATE ALMEIDA DEPUTY CORONER, P.O Box 218 Minden, NV, 89423				23b. LICENSE NUMBER 359	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 23, 2010		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				Interval between onset and death	
(a) Dilated cardiomyopathy					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:	
(b) Arteriosclerotic cardiovascular disease					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:	
(c)					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:	
(d)					
PART II				26. AUTOPSY (Specify Yes or No) Yes	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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- 0510
PG- 5063

VRS-Rev-20080602

352442



316807 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: 02/23/2010

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

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

