



DOC # 774739
 12/01/2010 03:34PM Deputy: DW
OFFICIAL RECORD
 Requested By:
STEWART TITLE - CARSON
 Douglas County - NV
 Karen Ellison - Recorder
 Page: 1 of 4 Fee: 17.00
 BK-1210 PG-295 RPTT: 0.00



A.P.N. #	1319-10-211-012
Escrow No.	1032338KT
Recording Requested By:	
 	
Mail Tax Statements To:	<i>Same as below</i>
When Recorded Mail To:	
Cecilia A. Radzvilowicz	
514 McGinnis Lane	
Wilmington, NC 28412	

AFFIDAVIT – DEATH OF JOINT TENANT

State of Nevada }
 } ss.
 County of Douglas }

Cecilia A. Radzvilowicz, of legal age, being first duly sworn, deposes and says: That Joseph J. Radzvilowicz, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Joseph J. Radzvilowicz named as one of the parties in that certain Grant, Bargain and Sale Deed dated September 23, 2005 executed by Patrick K. Elliott and Donna Elliott, on 10/05/2005 to Joseph J. Radzvilowicz and Cecilia A. Radzvilowicz, husband and wife, as joint tenants, recorded as Document No. 0657121, on October 6, 2005 in Book 1005, Page No. 2597 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.



Dated: 11.30.10

Cecilia A. Radzilowicz
Cecilia A. Radzilowicz
ZCAR

State of North Carolina }
} ss.

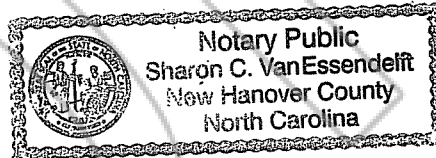
County of New Hanover }

This instrument was acknowledged before me on Nov. 30 2010

By: Cecilia A. Radzilowicz z

Signature: Sharon C. VanEssendelft
Notary Public

My Commission
Expires: 6-19-15

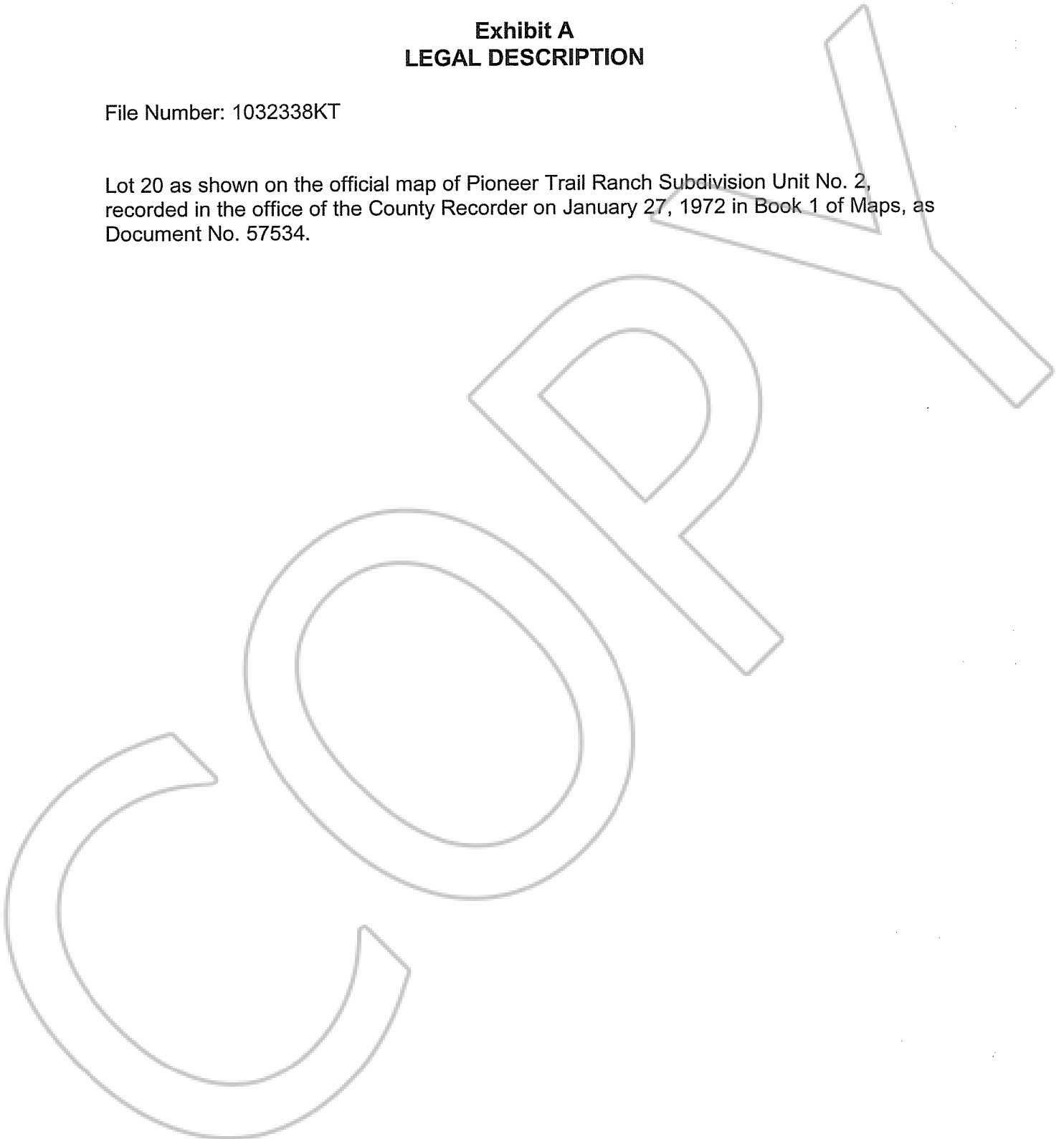




**Exhibit A
LEGAL DESCRIPTION**

File Number: 1032338KT

Lot 20 as shown on the official map of Pioneer Trail Ranch Subdivision Unit No. 2,
recorded in the office of the County Recorder on January 27, 1972 in Book 1 of Maps, as
Document No. 57534.



CERTIFICATION OF VITAL RECORD

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

2010001849
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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) Joseph John RADZVILOWICZ		2. DATE OF DEATH (Mo/Day/Year) February 05, 2010		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Genoa		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 252 Applecreek Lane		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Business	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 50		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS.	
8. DATE OF BIRTH (Mo/Day/Yr) April 04, 1959		9a. STATE OF BIRTH (If not U.S.A., name country) Connecticut		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Cecilia ADAMS	
13. SOCIAL SECURITY NUMBER ██████████2980		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Owner/operator		14b. KIND OF BUSINESS OR INDUSTRY Rehabilitation Clinic	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
15d. STREET AND NUMBER 275 Old Barn Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Joseph Stanley RADZVILOWICZ	
17. MOTHER - NAME (First Middle Last Suffix) Irene DUHAIME		18a. INFORMANT- NAME (Type or Print) Cecilia RADZVILOWICZ		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 275 Old Barn Rd Genoa, Nevada 89411	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Genoa Cemetery		19c. LOCATION City or Town State Genoa Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RON VALDESPINO SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) February 08, 2010		21c. HOUR OF DEATH 18:35	
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) RON VALDESPINO SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) February 05, 2010	
22c. HOUR OF DEATH 18:35		22d. PRONOUNCED DEAD (Mo/Day/Yr) February 05, 2010		22e. PRONOUNCED DEAD AT (Hour) 18:35	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner RON VALDESPINO PO Box 218 Minden, NV 89423		23b. LICENSE NUMBER 403		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 11, 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 (a) Asphyxiation by Ligature Interval between onset and death	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) DUE TO, OR AS A CONSEQUENCE OF:		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (b)		Interval between onset and death	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (c)		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (d)		Interval between onset and death	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Suicide		28b. DATE OF INJURY (Mo/Day/Yr) February 05, 2010		28c. HOUR OF INJURY 1835	
28d. DESCRIBE HOW INJURY OCCURRED Hung Self		28e. INJURY AT WORK (Specify Yes or No) Yes		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Office	
28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 252 Applecreek Lane Gardnerville Nevada		28. DATE OF INJURY (Mo/Day/Yr) February 05, 2010			

STATE REGISTRAR



BK-1210
PG-298

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VRS-Rev-20090602

315468

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: 02/12/2010

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

PBNC0 (Rev) 11/06

Rd Whet
STATE REGISTRAR
SIGNATURE AUTHENTICATED

