

APN: 1320-30-410-002

The undersigned hereby affirms
that there is no
Social Security number
contained in this document.

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-1210 PG- 0662 RPTT: 0.00



When recorded, mail to:
George M. Keele
1692 County Road, #A
Minden, NV 89423

AFFIDAVIT OF DEATH OF SURVIVING SPOUSE

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

I, SANDRA J. TOROK, hereby swear (or affirm) under
penalty of perjury, that the following assertions are true
of my own personal knowledge:

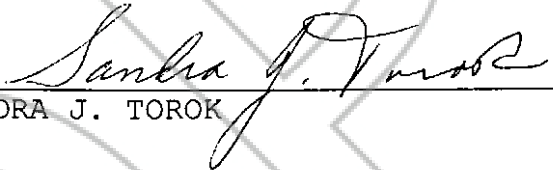
1. I am over the age of twenty-one (21) years and
competent to be a witness as to the matters hereinafter
stated.

2. RUDOLF TOROK, the decedent mentioned in the
attached certified copy of Certificate of Death, is the
same person as RUDOLF TOROK, one of the two grantees
including the undersigned SANDRA J. TOROK, in that certain
Individual Grant Deed dated April 30, 1997, executed by
Jeffrey P. Pisciotta, a single man, as "Grantor", to Rudolf
Torok and Sandra J. Torok, husband and wife as community
property with right of survivorship, as "Grantee" recorded
as Document No. 0413255, in Book 0597, Page 4060, of

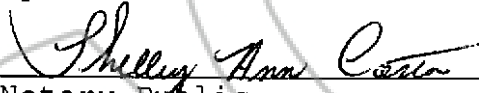
Official Records of Douglas County, Nevada, which pertains to the following described parcel of real property situated in the County of Douglas, State of Nevada:

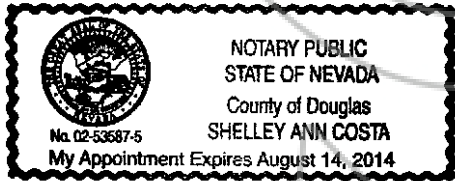
Lot 6, in Block B as set forth on Final Map #1010-4B of Westwood Village Unit 4B, filed for record in the Office of the County Recorder of Douglas County, State of Nevada on December 13, 1995 in Book 1295, Page 1906, as Document No. 376827.

Per NRS 111.312, this legal description was previously recorded at Document No. 0413255, Book 0597, Page 4060, on May 23, 1997.


SANDRA J. TOROK

SIGNED AND SWORN TO (or affirmed)
before me on November 29th, 2010,
by SANDRA J. TOROK.


Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2010015355

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) Rudolf TOROK		2. DATE OF DEATH (Mo/Day/Year) September 29, 2010		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Continuicare Hospital of Carson Tahoe, Inc.		3e. If Hosp. or Inst. indicate DOA, OPI, Emer. Rm. Inpatient (Specify) Inpatient	
5. RACE (Specify) White		8. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 79	
9a. STATE OF BIRTH (If not U.S.A. name country) Hungary		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
13. SOCIAL SECURITY NUMBER 9457		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) U.s. Air Force		14b. KIND OF BUSINESS OR INDUSTRY U.s. Government	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 876 Mahognay Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SURVIVING SPOUSE (if wife, give maiden name) Sandra EDWARDS		16. FATHER - NAME (First Middle Last Suffix) Jozsef TOROK		17. MOTHER - NAME (First Middle Last Suffix) Emma KAJUK	
18a. INFORMANT - NAME (Type or Print) Sandra TOROK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 876 Mahognay Dr Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL LICENSE NUMBER 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) VIJAY MAIYA <i>SIGNATURE AUTHENTICATED</i>			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) October 08, 2010		21c. HOUR OF DEATH 11:55		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Aguirre, Jose Alfredo		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) Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV, 89703				23b. LICENSE NUMBER 11909	
24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 14, 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) Cardiopulmonary Arrest Interval between onset and death					
(b) Acute Respiratory Distress Syndrome Interval between onset and death					
(c) Pseudomonas Pneumonia Interval between onset and death					
(d) Interval between onset and death					
PART II					
26a. ACC., SUICIDE, HGM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



BK- 1210
PG- 664

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VRS-Rev-20100216

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: 10/14/2010

Rudolf White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

