

OFFICIAL RECORD

Requested By:  
GEORGE M. KEELE

APN: 1220-21-110-056

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-0311 PG- 5008 RPTT: 0.00



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

**AFFIDAVIT OF DEATH OF CO-TRUSTEE**

STATE OF NEVADA )  
 : ss.  
COUNTY OF DOUGLAS )

I, NOREEN A. KNIAZIOWSKI, 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. WALTER KNIAZIOWSKI, the decedent mentioned in the  
attached certified copy of Certificate of Death, is the  
same person as Walter Kniazowski named as one of the  
parties in that certain **Grant, Bargain, Sale Deed** dated  
August 4, 2000, executed by Walter Kniazowski and Noreen  
Kniaziowski to Walter Kniazowski and Noreen A.  
Kniaziowski, Trustees, and their Successors, under The  
Kniaziowski Family Trust U/D/T 08-04-00, recorded on

December 15, 2000, as Document No. 0505057, in Book 1200, Page 2725, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

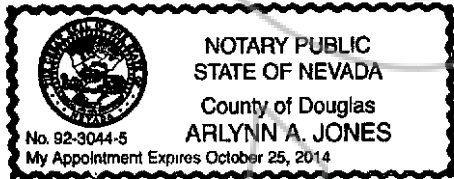
LOT 21, AS SHOWN ON THE FINAL MAP OF TILLMAN ESTATES, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON APRIL 12, 1994, IN BOOK 494, PAGE 2192, AS DOCUMENT NO. 334956.

Per NRS 111.312, this legal description was previously recorded at Document No. 0505057, Book 1200, Page 2725, on December 15, 2000.

Noreen A. Kniaziowski  
NOREEN A. KNIAZIOWSKI

SIGNED AND SWORN TO (or affirmed)  
before me on March 11, 2011,  
by NOREEN A. KNIAZIOWSKI.

Arlynn A. Jones  
Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

2008018063  
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) <b>Walter KNIAZIEWSKI</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 13, 2008</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) <b>762 Raab Court</b>		3d. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>78</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Poland</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
13. SOCIAL SECURITY NUMBER <b>2996</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Mechanical Engineer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Engineering</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>762 Raab Court</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Noreen HICKEY</b>	
16. FATHER - NAME (First Middle Last Suffix) <b>Joseph KNIAZIEWSKI</b>		17. MOTHER - NAME (First Middle Last Suffix) <b>Sophia</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>July 13, 1930</b>	
18a. INFORMANT - NAME (Type or Print) <b>Noreen KNIAZIEWSKI</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>762 Raab Court Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
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) <b>MICHAEL MURPHY M.D.</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>December 09, 2008</b>		21c. HOUR OF DEATH <b>06:00</b>	
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) <b>MICHAEL MURPHY M.D. 410 Fleischmann Way #5 Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>10272</b>	
24a. REGISTRAR (Signature) <b>RANI REED</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 09, 2008</b>		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) <b>Cardiovascular Disease</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>End-Stage Renal Disease</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Interval between onset and death					
PART II				26. AUTOPSY (Specify Yes or No) <b>No</b>	
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED					
27a. INJURY AT WORK (Specify Yes or No)		27b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		27c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

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BK- 0311  
PG- 5010

VR8-Rev-2008T

245684 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:

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

*R. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

