

16-

Doc Number: **0824003**

05/22/2013 12:17 PM

OFFICIAL RECORDS

Requested By:  
**JOSEF LAGOJA**

**APN: 1220-09-810-081**

RECORDING REQUESTED BY:

Josef Lagoja  
1037 Wagon Wheel Ct  
Gardnerville, NV 89460



AFTER RECORDATION, RETURN BY MAIL TO

✓Josef Lagoja  
1037 Wagon Wheel Ct  
Gardnerville, NV 89460

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00  
Bk: 0513 Pg: 5774



Deputy: ke

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT – DEATH OF JOINT TENANT**

STATE OF NEVADA )  
 ) ss:  
COUNTY OF DOUGLAS )

JOSEF LAGOJA, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DELIS LAGOJA named as one of the parties in that certain Quit Claim Deed dated August 16, 1989, executed by Josef Lagoja and Delis C. Lagoja, his wife as joint tenants to Josef Lagoja (surviving tenant) and Delis Lagoja, as joint tenants, and recorded on August 16, 1989, in Book 889, at Page 2303, Instrument No. 208800 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

See Exhibit "A" attached hereto and made a part hereof

A.P.N. 1220-09-810-081

Dated: 5.13.13

Josef Lagoja  
Josef Lagoja

State of Nevada )  
 ) ss.  
County of Douglas )

Subscribed and sworn to (or affirmed) before me on this 13<sup>th</sup> day of May, 2013, by Josef Lagoja, proved to me on the basis of satisfactory evidence to be the person(s) who appear before me.

[Signature]  
Notary Public



**EXHIBIT "A"**

A parcel of land located within a portion of the Southeast one-quarter (SE ¼) of Section 9, Township 12 North, Range 20 East, Mount Diablo Baseline and Meridian, Douglas County, Nevada, described as follows:

Commencing at the Northeast corner of Lot 306 as shown on the official plat for Gardnerville Ranchos Unit No. 2 in Book 1 as Document no. 28377; thence North 89° 47' 02" West, 220.07 feet to THE POINT OF BEGINNING; thence South 00° 12' 58" West, 200.00 feet; thence North 89° 47' 02" West 220.07 feet; thence North 00° 12' 58" East, 175.00 feet; thence along the arc of a curve to the right having a radius of 25.00 feet, delta of 90° 00' 00" and an arc length of 39.27 feet; thence South 89° 47' 02" East, 195.07 feet to THE POINT OF BEGINNING, containing 1.01 acres, more or less.

APN: 1220-09-810-081

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

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

201006781  
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) <b>Delis Carlee LAGOJA</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 05, 2010</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Renown Regional Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Intensive Care Unit (ICU)</b>	
4. SEX <b>Female</b>		7a. AGE-Last birthday (Years) <b>82</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>October 29, 1927</b>	
5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7b. UNDER 1 YEAR MOS   DAYS	
9a. STATE OF BIRTH (if not U.S.A. name country) <b>Oklahoma</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE OR DOMESTIC PARTNER <b>Josef LAGOJA</b>		13. SOCIAL SECURITY NUMBER <b>8099</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Waitress</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Restaurant</b>		15. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</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>1037 Wagon Wheel Ct.</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Jerry GREEN</b>		17. MOTHER - NAME (First Middle Last Suffix)	
18a. INFORMANT - NAME (Type or Print) <b>William T DAILY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2840 N. Richey Blvd Tucson, Arizona 85716</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>620</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
21. 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>Piotr Kubiczek M.D.</b> SIGNATURE AUTHENTICATED			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) <b>Piotr Kubiczek M.D.</b> SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) <b>May 11, 2010</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH <b>13:45</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>May 05, 2010</b>	
22e. PRONOUNCED DEAD AT (Hour) <b>13:45</b>		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Piotr Kubiczek M.D. 10 Kirman Ave Reno, NV 89520</b>		23b. LICENSE NUMBER <b>11610</b>	
24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 12, 2010</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>Blunt Force Injuries of the Neck</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) 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)				Interval between onset and death	
PART II <b>Dementia</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <b>ACCIDENT</b>		28b. DATE OF INJURY (Mo/Day/Yr) <b>April 14, 2010</b>	
28c. HOUR OF INJURY <b>1454</b>		28d. DESCRIBE HOW INJURY OCCURRED <b>Ground level fall</b>			
28e. INJURY AT WORK (Specify Yes or No) <b>No</b>		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) <b>Residence</b>		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE <b>1037 Wagon Wheel Ct. Gardnerville Nevada</b>	

STATE REGISTRAR



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PG 5776  
5/22/2013

VRS-Rev 20090802

**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: **05/14/2010**

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

