

08/02/2013 12:48 PM

OFFICIAL RECORDS

Requested By:
GEORGE M. KEELE

APN: 1220-04-514-025

This document contains a
Social Security number
pursuant to NRS 440.380.

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 3 Fee: \$ 16.00
Bk: 0813 Pg: 660



Deputy. sd

When recorded, mail to:

✓ George M. Keele
1692 County Road, #A
Minden, NV 89423

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

I, EARL RAY KONEWKO, 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. KAREN DIANE KONEWKO, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as KAREN KONEWKO, named as one of the parties in that certain **Joint Tenancy Deed** executed by Shirley R. Pullman and Doris I. Pullman, to EARL RAY KONEWKO and KAREN KONEWKO, husband and wife as Joint Tenants, with right of survivorship, recorded on May 27, 1987, as Document No. 155389, in Book 0587, Page 2718, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:


Lot 59, as shown on the Final Map of Carson Valley Estates Subdivision, Unit No. 4, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on April 22, 1972,

Document No. 58312, Official Records of Douglas County, State of Nevada. And that portion of:

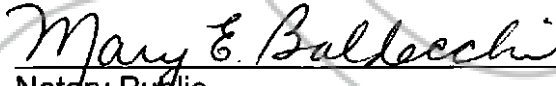
Lot 55, as shown on the Final Map of Carson Valley Estates Subdivision, Unit No. 3, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on September 15, 1971, Document No. 54454, Official Records of Douglas County, State of Nevada, described as follows:

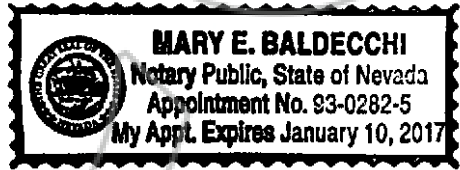
Commencing at the Northeasterly corner of Lot 55, Carson Valley Estates Subdivision Unit No. 3, as shown on the Official Map of that subdivision filed in the Douglas County Courthouse, proceed South 89°36'07" West, 42.00 feet to the Northerly corner of Lot 55; thence South 53°19'29" West, 20.00 feet to a point; thence North 89°36'07" East, 58.00 feet to a point in the easterly lot line of Lot 55; thence North 0°23'53" West, 12.00 feet to the POINT OF BEGINNING.

Per NRS 111.312, this legal description was previously recorded at Document No. 155389, Book 0587, Page 2718, on May 27, 1987.


EARL RAY KONEWKO

SIGNED AND SWORN TO (or affirmed)
before me on August 2, 2013,
by EARL RAY KONEWKO.


Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2013008858
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Karen Diane KONEWKO		2. DATE OF DEATH (Mo/Day/Year) May 23, 2013		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) 1375 Apollo Avenue		3e. If Hosp. or Inst. Indicate DOA,OP, Emer. Rm. (Inpatient)(Specify) Home	
DECEDENT	4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 60		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) December 08, 1952		9a. STATE OF BIRTH (if not U.S.A. name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 24		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Earl KONEWKO	
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]-4583		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Teacher		14b. KIND OF BUSINESS OR INDUSTRY Education	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1375 Apollo Avenue		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Lewis FICHTHORN	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lucretia BOONE		18a. INFORMANT- NAME (Type or Print) Earl KONEWKO		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1375 Apollo Avenue Gardnerville, Nevada 89410	
TRADE CALL	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	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ANDREA WEED DO SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) May 29, 2013		21c. HOUR OF DEATH 05:58	
	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)	
REGISTRAR	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) ANDREA WEED DO 1007 N. Curry Street Carson City, NV 89703		23b. LICENSE NUMBER 675		24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 31, 2013		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))	
	25a. ACC. SUICIDE; HOM. UNDET. OR PENDING INVEST. (Specify)		25b. DATE OF INJURY (Mo/Day/Yr)		25c. HOUR OF INJURY	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST.	25d. DESCRIBE HOW INJURY OCCURRED		25e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		25f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
	25g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	

STATE REGISTRAR

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PG 662
8/2/20 13

VRS-Rev-20120523a

404368

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: 06/03/2013

[Signature]
SIGNATURE AUTHENTICATED

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

