

APN: 1219-03-001-043

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



00006868201508559100030031

KAREN ELLISON, RECORDER

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

AFFIDAVIT OF SURVIVING SPOUSE

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

I, JOSEPH MARTINCAK, 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. EARLEEN J. MARTINCAK, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as EARLEEN MARTINCAK named as one of the parties in that certain **Grant, Bargain, and Sale Deed** executed by DIRK E. JANSSE and EILEEN M. JANSSE, to JOSEPH MARTINCAK and EARLEEN MARTINCAK, husband and wife as community property with right of survivorship, recorded as Document No. 0374366, in Book 1195, Page 1074, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

SITUATE IN THE WEST HALF OF SECTION 3, TOWNSHIP 12, NORTH, RANGE 19 EAST, M.D.B.&M., MORE PARTICULARLY DESCRIBED AS FOLLOWS:

PARCEL 1-C AS SET FORTH ON PARCEL MAP NO. 4 FOR COLDWELL BANKER ITILDO, INC., FILED IN THE OFFICE OF


THE DOUGLAS COUNTY RECORDER ON OCTOBER 20, 19092
[sic] IN BOOK 1092, AT PAGE 3274, AS DOCUMENT NO. 291152
OFFICIAL RECORDS.

Per NRS 111.312, this legal description was previously recorded at
Document No. 374366, Book 1195, Page 1074, on November 7,
1995.

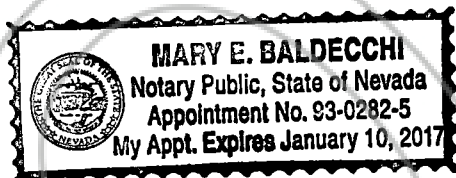


JOSEPH MARTINCAK

SIGNED AND SWORN TO (or affirmed)
before me on January 21, 2015,
by JOSEPH MARTINCAK.



Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2014020627
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Earleen J MARTINCAK		2. DATE OF DEATH (Mo/Day/Year) December 02, 2014		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 Inpatient (Specify)) 238 Peach Ct Home		4. SEX Female	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? (Specify) No - Non-Hispanic		7a. AGE - Last birthday (Years) 84	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) June 12, 1930	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Joseph J MARTINCAK			
PARENTS	13. SOCIAL SECURITY NUMBER ████████-3608		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 238 Peach Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Earl COLVIN	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret SCHAFFER		18a. INFORMANT - NAME (Type or Print) Joseph J MARTINCAK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 238 Peach Ct Gardnerville, Nevada 89460	
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 NUMBER 217		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to JORGE HERNAN PEREZ-CARDONA M.D. SIGNATURE AUTHENTICATED		22a. On the basis of examination and/or investigation, in my opinion, death occurred at the date and place and due to the cause(s) stated. (Signature & Title)			
	21b. DATE SIGNED (Mo/Day/Yr) December 10, 2014		21c. HOUR OF DEATH 07:05		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
REGISTRAR	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) Jorge Hernan Perez-Cardona M.D., 1460 S Curry St., Ste. 100 Carson City, NV 89703			
CAUSE OF DEATH	23b. LICENSE NUMBER 10108		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 17, 2014	
	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) Ovarian Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)	
3806997	28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED			
	28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

VRS-Rev-20120523a

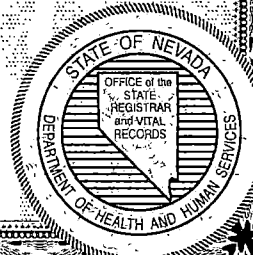
557985 CERTIFIED COPY OF VITAL RECORDS

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: **12/19/2014**

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE