

APN# 1219-10-002-036

Recording Requested by/Mail to:

Name: VERA BASUS

Address: 251 SHADOW MOUNTAIN CIR.

City/State/Zip: GARDNERVILLE, NV 89460

Mail Tax Statements to:

Name: VERA BASUS

Address: 251 SHADOW MOUNTAIN CIR

City/State/Zip: GARDNERVILLE, NV 89460



KAREN ELLISON, RECORDER

AFFIDAVIT - DEATH of JOINT TENANT

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Signature

VERA BASUS

Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

**APN: 1219-10-002-036**

**RECORDING REQUESTED BY:**

Vera Basus  
251 Shadow Mountain Cir.  
Gardnerville, NV 89460

AFTER RECORDATION, RETURN BY MAIL TO:

Vera Basus  
251 Shadow Mountain Cir.  
Gardnerville, NV 89460

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT – DEATH OF JOINT TENANT**

STATE OF NEVADA            )  
  ) ss:  
COUNTY OF DOUGLAS        )

Vera Basus, 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 Vladimir Basus named as one of the parties in that certain Grant Deed dated August 23, 2012, executed by Dagmar R. Basus Gloutak, daughter of Grantees, to Vladimir Basus and Vera J. Basus (surviving tenant), as joint tenants, and recorded on August 29, 2012, in Book 0812, at Page 7115, Document No. 0808184 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

Lot 8, Block B, of SIERRA RANCHO ESTATES UNIT NO. 2, filed in the office of the Douglas County Recorder's Office on May 17, 1985 in Book 585, Page 1534, Document No. 117513, of Official Records.

A.P.N. 1219-10-002-036

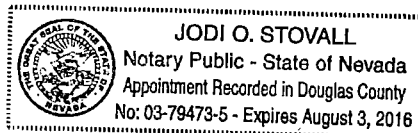
Dated: 10-27-15

Vera Basus  
Vera Basus

State of Nevada            )  
  ) ss.  
County of Douglas        )

Subscribed and sworn to (or affirmed) before me on this 27<sup>th</sup> day of October, 2015, by Vera Basus, proved to me on the basis of satisfactory evidence to be the person who appears before me.

Jodi O. Stovall  
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**

2015015939  
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>Vladimir BASUS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 11, 2015</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 or Inpatient)(Specify) <b>251 Shadow Mountain Rd. Home</b>		4. SEX <b>Male</b>	
5. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>92</b>	
9a. STATE OF BIRTH (if not U.S.A.) <b>Czechoslovakia</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>18</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
12. SURVIVING SPOUSE (Maiden name) <b>Vera JUHNOVA</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>May 22, 1923</b>			
13. SOCIAL SECURITY NUMBER <b>██████████3603</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Certified Internal Auditor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Northrop Corp.</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>251 Shadow Mountain Rd.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Vaclav BASUS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Bozena CANKIKOVA</b>		
18a. INFORMANT - NAME (Type or Print) <b>Vera BASUS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>251 Shadow Mountain Rd. Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Genoa Cemetery</b>		19c. LOCATION City or Town State <b>Genoa Nevada</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICHARD HEARN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>228</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street 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>STEVEN L. PHILLIPS 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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>September 17, 2015</b>		21c. HOUR OF DEATH <b>11:00</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>Steven L Phillips M.D. 5250 Neil Rd Ste #207 Reno, NV 89502</b>				23b. LICENSE NUMBER <b>6596</b>	
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 18, 2015</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>Cardiac Arrest</b>				Interval between onset and death <b>Minutes</b>	
(b) <b>Atherosclerotic Heart Disease</b>				Interval between onset and death <b>Years</b>	
(c) <b>Hypertension</b>				Interval between onset and death <b>Years</b>	
(d) <b>Cerebrovascular Accident</b>				Interval between onset and death	
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) <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)		28b. DATE OF INJURY (Mo/Day/Yr)		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	

Information Corrected, State Affidavit# 62477, 09/24/2015. 9a

STATE REGISTRAR

597885 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: 9/25/2015

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

*R. J. White*  
SIGNATURE AUTHENTICATED

