

APN# 1320-33-311-033

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: 1320-33-311-033

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, bargain, Sale Deed dated March 30, 2009, executed by Vladimir Basus and Vera J. Basus, husband and wife as joint tenants, to Vladimir Basus and Vera J. Basus (surviving tenant), husband and wife, and Dagmar R. Basus Gloutak (surviving tenant), a married woman as her sole and separate property, together as joint tenants with right of survivorship, and recorded on April 2, 2009, in Book 0409, at Page 578, Document No. 0740732 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. 1320-33-311-033

Dated: Nov 2 2015

Vera Basus
Vera Basus

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 2nd day of November, 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

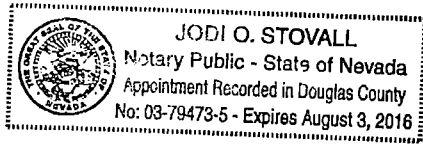
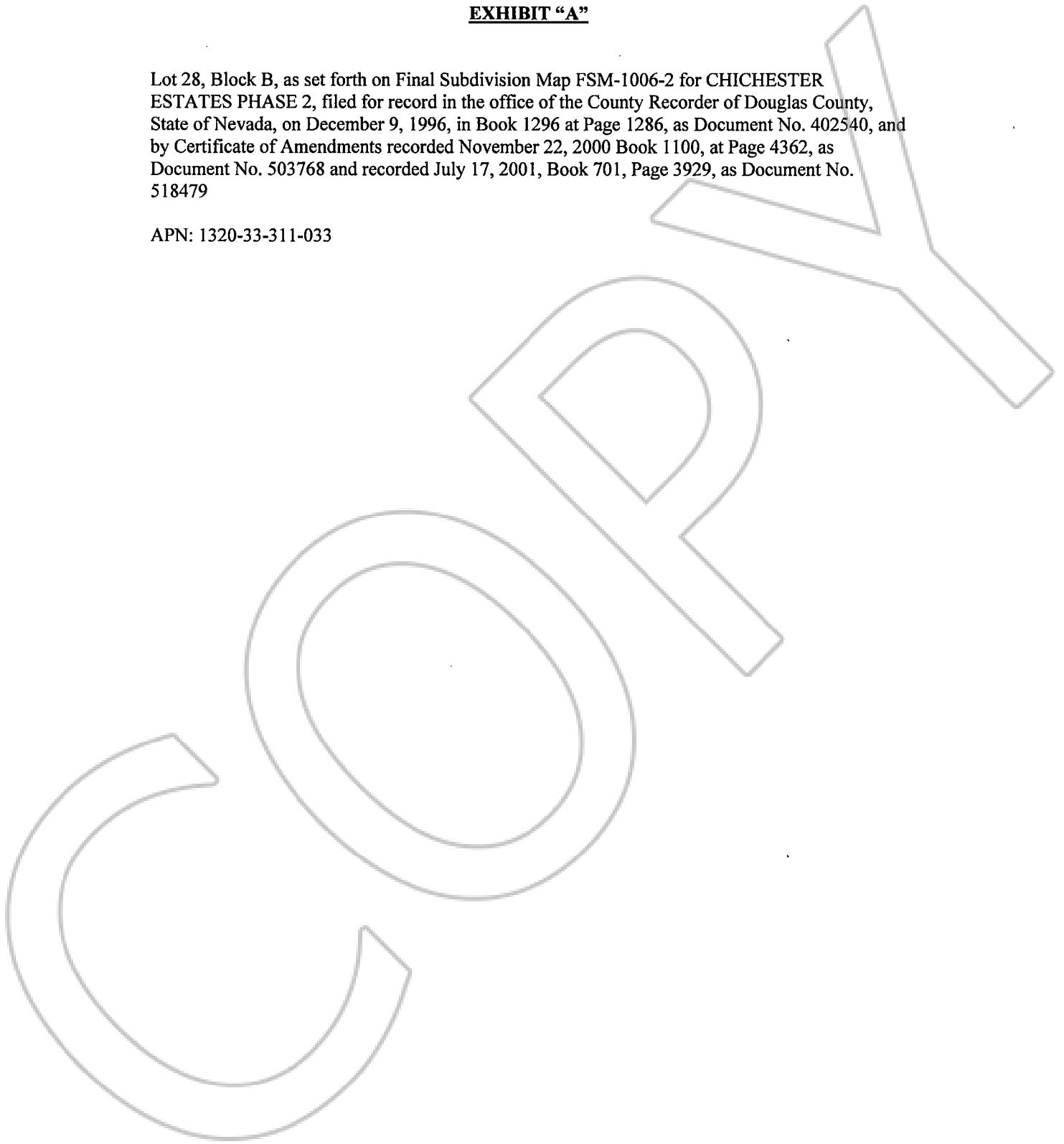


EXHIBIT "A"

Lot 28, Block B, as set forth on Final Subdivision Map FSM-1006-2 for CHICHESTER ESTATES PHASE 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 9, 1996, in Book 1296 at Page 1286, as Document No. 402540, and by Certificate of Amendments recorded November 22, 2000 Book 1100, at Page 4362, as Document No. 503768 and recorded July 17, 2001, Book 701, Page 3929, as Document No. 518479

APN: 1320-33-311-033



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) Vladimir BASUS		2. DATE OF DEATH (Mo/Day/Year) September 11, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or Inpatient)(Specify) 251 Shadow Mountain Rd. Home		4. SEX Male	
5. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 92	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) May 22, 1923	
9a. STATE OF BIRTH (if not U.S.A.) Czechoslovakia		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Vera JUHNOVA		13. SOCIAL SECURITY NUMBER ██████████-3603	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Northrop Corp.		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 251 Shadow Mountain Rd.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Vaclav BASUS	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Bozena CANKIKOVA		18a. INFORMANT - NAME (Type or Print) Vera BASUS		18b. MAILING ADDRESS (Street or R.F.D. No, City, or Town, State, Zip) 251 Shadow Mountain Rd. Gardnerville, Nevada 89460	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Genoa Cemetery		19c. LOCATION City or Town State Genoa Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICHARD HEARN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 228		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) STEVEN L PHILLIPS M.D. 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) September 17, 2015		21c. HOUR OF DEATH 11:00		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) Steven L Phillips M.D. 5250 Neil Rd Ste #207 Reno, NV. 89502			
23b. LICENSE NUMBER 6596		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 18, 2015	
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) Cardiac Arrest Interval between onset and death: Minutes (b) Atherosclerotic Heart Disease Interval between onset and death: Years (c) Hypertension Interval between onset and death: Years (d) Cerebrovascular Accident Interval between onset and death: Years			
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
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.		28h. CITY OR TOWN		28i. 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

