DOUGLAS COUNTY, NV

Rec:\$16.00 Total:\$16.00 2015-873823 12/08/2015 03:50 PM

ALLISON MACKENZIE LTD

Pgs=3

APN: 1220-21-710-140

✓ RECORDING REQUESTED BY: JOEL W. LOCKE, ESQ. ALLISON, MacKENZIE, LTD. P.O. Box 646 Carson City, Nevada 89702

MAIL TAX STATEMENTS TO: Lorraine Platka-Bird 748 S. Meadows Parkway, Ste. A9-128 Reno, NV 89521



KAREN ELLISON, RECORDER

## AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA )

COUNTY OF Courses City)

LORRAINE PLATKA-BIRD, of legal age, being first duly sworn, deposes and says:

APN: 1220-21-710-140

That ELLEN G. PLATKA, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ELLEN GOODRICH PLATKA named as one of the parties in that certain Grant Bargain and Sale Deed dated May 15, 1987 executed by ROBERT T. PLATKA and ELLEN GOODRICH PLATKA, husband and wife as joint tenants with right of survivorship, recorded on October 27, 1987 in Book 10, Page 3699 as File No. 0165214 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

That the certain parcel of real property located at 661 Leonard Court, Gardnerville, Nevada, APN: 1220-21-710-140, and more particularly described as follows:

Lot 470, as shown on the Map of GARDNERVILLE RANCHOS UNIT NO. 7, filed in the office of the County Recorder of Douglas County, State of Nevada, on March 27, 1974, Document No. 72456.

(This legal description was previously recorded in the Official Records on October 27, 1987 in Book 10, Page 3699 as File No. 0165214 of Douglas County, Nevada).

I certify under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

Dated this 20 day of November, 2015

LORRAINE PLATKA-BIRD



NOTARY PUBLIC

4823-4063-5435, v. 1



## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

99 001040

gyagli Ny	LOCAL FILE NUMBER				' 99	STATE FILE NUMBER
NT [	DECEASED—NAME First	Middle	Last	DATE OF DEATH	(Month, Day, Year)	COUNTY OF DEATH:
ENT	1. Ellen	G	PLATKA		y 22,1999	3a Carson City
INK	CITY, TOWN OR LOCATION OF DI	iki wanda liki kiwile	R INSTITUTION—Name (If not eithe		Rm. Inpatient (Specify)	COP/Emer. SEX.
ŃΤ	3b. Carson City		Tahoe Hospital		30. Inpatient	J 4.Female  DATE OF BIRTH (Mo., Day, Yr.)
····	RACE (e.g.; White, Black, America Indian, etc.) (Specify)		fgin? Specify 🖸 yes 👿 no If yes, no Rican, etc 🕺	Birthday (Years) MOS [	DAYS HOURS MINS	
.	STATE OF BIRTH	CITIZEN OF WHAT COU		7a. 71 7b :		B. May 23, 1927
H DIN ON ::	(If not U.S.A., name country)	etts 96 USA	N- Decedent's Education. Specification of Specification o	WIDOWED, DIVO (Specify 11. Marr	ORCED: VIX IVI	obert T. Platka
XXX	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (C	live Kind of Work Done During Most	of KIND OF BUSI	NESS OR INDUSTRY	oberit. Hatika
N OF TENS	13. <b>————————————————————————————————————</b>	Working Life, Even if Reti		9/4 96/ 14b OWI	home	wan ma
	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		T AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
<del>-&gt;</del>	15a Nevada	15b. Douglas	15c. Gardnervill	Le 15d	661 Leonard C	
TC	FATHER-NAME First	Middle	Last MOTHE	R—MAIDEN NAME **** F	Irst Middle	e East
TS	16. E.	Lester		Elizabeth		Noyes
	INFORMANT—NAME (Type or Prin	The state of the s	MAILING: ADDRESS	and the second of the second o	F.D. No., City or Town, State,	
	18a. Robert T. P. BURIAL, CREMATION, REMOVAL,		18b. 661 Lec	onard/Ct./Gár	dnerville, Ne	vada 89410
			itzHenry's Crema			
ION	FUNERAL DIRECTOR-SIGNATUR		LIZHERTY S CREME LIDIRECTOR NAME AND ADDR			City, Nevada son Valley Funeral
	(Or Person Acting as Such)	2/CENSI	NUMBER 2Home 1	380 Hvry 395		Nevada: 89410 /)/
74	= 21a To the best of my know	ledge, death occurred at the time, de				on in my opinion death occurred use(s) and manner stated.
	due to the cause(s) state	· / 184 - 61 - 25 - 1	Doedoo	at the time, dai	100 200 5 600 000 000 000 000 000 000 000 000	use(s) and manner stated.
	置 DATE SIGNED (Ma, D)	HOUR OF C	DEATH	DATE SIGNED (Mo		OF DEATH
# 11310	5 21b. 1/25/9	9 21c, 13	Garage Company of the	0 22b.	22c.	
1511	NAME OF ATTENDING	PAYSICIÁN IF OTHER THAN CER	TIFIER (Type or Print)	PRONOUNCED DE	AD (Mo., Day, Yr.) PRON	OUNCED:DEAD (Hour)
	Ö 21d.	OF OFFICER AN INCIDENT ATTE		22d. ON	22e. A	
			NDING PHYSICIAN, MEDICAL EXA	The House Pro-	Maria Distriction	LICENSE NUMBER
	REGISTRAH AND TO	за weed, л.О.,	1540 Hwy 395 Gai		evada "89410 Yr.) DEATH DUE TO COMMU	INICABLE DISEASE
AVE	24a. (Signature)	1 M Daus	e Janu		7 24c. YES NO	5
TE.		TER ONLY ONE CAUSE PER LINE	FOR (a), (b), AND (c).)	7 2/1/		Interval between onset and death
THE	PART ATTACA). (Valde	Opulmora	rii arrest			mudes
AST	DUE TO, OR AS A	CONSEQUENCE OF	()		11.4	Interval between onset and death
	1 marie	thruca / at	nal dion 16	then	<u></u>	Moules
	DUE TO, OR AS A	CONSEQUENCE OF:	V			Interval between onset and death
OF	(c)	CONDITIONS Conditions contilled	2000 100 100 100 100 100 100 100 100 100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LANDON COMMITTEE	WAS STOR PERCENCE TO THE STORY
H	PART OTHER SIGNIFICANT	CONDITIONS—Conditions contribute	ng to death but not resulting in the u	nderlying cause given in Part 1	Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
: 41	ACC. SUICIDE HOM, UNDET, V	DATE OF INJURY (Mo) Day, Yr.) HO	OUR OF INJURY. DESCRIB	HOW INJURY OCCURRED	26. NO	27. <b>Y</b> es
	OR PENDING INVEST	28b. 28	NOT 1 ON 100 100 100 100 100 100 100 100 100 10	<b>7</b>		
•	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY: At home, fare building, etc. (	n, street, factory, office LOCATIO	N. STREET OR F		TOWN
	288.	281.	28g.			
			334	2	Na	20 100 100 100 100 100 100 100 100 100 1

STATE REGISTRAR

No. 135548



578226

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:

MAY 06 2015

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



