2016-877870 03/07/2016 04:25 PM

Total.\$18.00 LINDA SZENDREY

KAREN ELLISON, RECORDER

Pgs=5

APN: 1320-30-110-009

Recording Requested By:

Linda Szendrey PO Box 1849 Zephyr Cove, NV 89448

When Recorded Mail To:

Linda Szendrey PO Box 1849 Zephyr Cove, NV 89448

Mail Tax Statements To:

Linda Szendrey PO Box 1849 Zephyr Cove, NV 89448

AFFIDAVIT - DEATH OF JOINT TENANT

	I the undersigned hereby affirm that the attached document, including any exhibits, hereby
	submitted for recording does not contain the personal information of any person or persons.
-	(Per NRS 239B.030)
	Lenda Demonson Duner

Title

Linda Szendrey

Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

APN: 1320-30-110-009

LINDA SZENDREY, being first duly sworn, deposes and says:

That GEORGE SZENDREY, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as GEORGE SZENDREY, named as one of the parties in that certain Deed dated July 3, 2014, and recorded on July 8, 2014, as document No.: 845873, wherein Dorothy J. Wien, Administrator of the Estate of Walter Andreas Wien was the grantor, and George Szendrey and Linda Szendrey, husband and wife, as joint tenants, were grantees, same conveying that certain real property in the County of Douglas, State of Nevada, and more particularly described as follows:

AFFIDAVIT OF DEATH OF JOINT TENANT

LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, county of Douglas, described as follows:

Lot 10 in Block A as set forth on the map of Westwood Park Unit No. IV, Phase B, filed for record in the office of the County Recorder of Douglas county, State of Nevada on June 1, 1994 in Book 694, Page 27, as Document No. 338620.

Together with an undivided 1/21st interest in and to the common area lying within the interior lines as set forth on map of Westwood Park Unit No. IV, Phase B, filed for record in the office of the County Recorder of Douglas County, State of Nevada on June 1, 1994 in Book 694, Page 27, as Document No. 338620.

That the said GEORGE SZENDREY died on October 19, 2015 at South Lake Tahoe, California, and is the identical person named as GEORGE SZENDREY in that certain certified copy of Certificate of Death attached hereto as Exhibit "A", and that said certified copy of Certificate of Death is hereby referred to and by such reference is incorporated into this paragraph as though fully set forth herein.

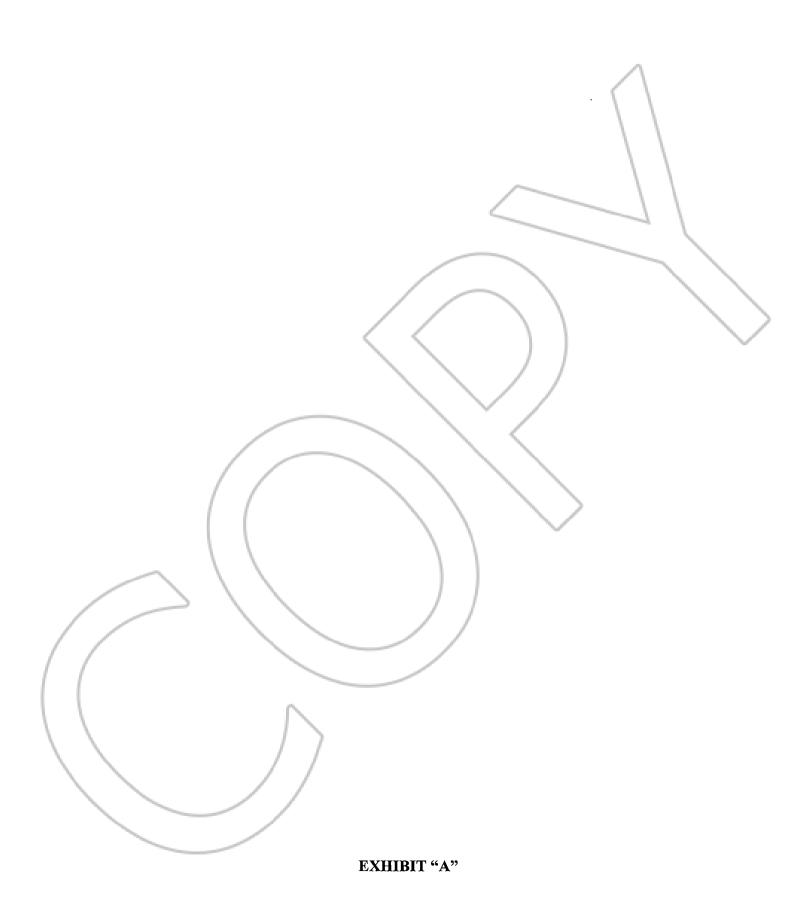
That all of said real property vested in affiant, LINDA SZENDREY, as of the date of said decedent's death.

Dated this Day of , 2016.

LINDA SZENDRÆY

NEVADA INDIVIDUAL ACKNOWLEDGMENT

State of Notary Seal and/or Stamp Above	
County of Duyles	
	\ \
	~ \ \
	This instrument was acknowledged before me
	on this the Ath day of Wardh, 2011, by
	Day Month Year
	(1) Linda Szendten (.) Name of Signer
	(and
MALORIE SINGH Notary Public, State of Nevada	(2)
Appointment No. 12-7844-3 My Appt. Expires May 14, 2016	Name of Signer
	Man Superior
Place Notary Seal and/or Stamp Above	Signature of Notary Public
OP.	PTIONAL
Though the information in this section is not	required RIGHT RIGHT THUMBPRINT
by law, it may prove valuable to persons rely document and could prevent fraudulent remo	oval and Top of thumb
reattachment of this form to another docume.	here here
Description of Attached Document	6 11
Title or Type of Document: Attacay+	Peath
Document Date: 3/4/2016 Number of	Pages:
Signer(s) Other Than Named Above:	A
010 National Notary Association • NationalNotary.o	



STAID OF CALDEORNIA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

HEALTH AND HUMAN SERVICES AGENCY

PLACERVILLE, CALIFORNIA

3052015203654		CERTIFICATE OF DEATH STATE OF CALFORMA - USE BLACK INK ONLY / NO BRASLIES WHYTEOUTS OR ALTERATIONS	3201509001024			
1	STATE FILE NUMBER 1 NAME OF DECEDENT - FIRST (Green)	USE BLACK INK ONLY / NO ENGLISES WATERUTS OF ALLEVATIONS VS-1 WREV 3/06) 2 MIDDLE 3 LAST (Family)	LOCAL REGISTRATION NUMBER			
8 7	GEORGE	PETER SZENDRI				
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDUE, LAST)	4 DATE OF BIRTH min/dd/ccyy 5 AQI 11/23/1950 64	Months Days Hours Minutes M			
	9 BIRTH STATE/FOREIGN COUNTRY 10 SOCIAL SECURITY NU HUNGARY 1947	☐ YES X NO	ne of Deets 7 DATE OF DEATH remodel cony 8 HOUR (24 Hours) 10/19/2015 1243 EST			
ОЕВЕНТ	MASTER'S YES	X NO WHITE	3 races may be listed (ele worksheet on back)			
8	17 USUAL OCCUPATION - Types of work for most of life. DO NOT USE R SALESMAN	ETIRED 18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery atore, ros INDUSTRIAL PRODUCTS	ed construction, employment agency, etc.) 19 YEARS IN OCCUPATION 44			
	20 DECEDENT'S RESIDENCE (Street and number, or location) 1776 MAHOGANY CIRCLE					
RESI	MINDEN EL D	OORADO 89423 15	. 76			
INFOR-	27. IN-COMMUTS NAME RELATIONSHIP LINDA SZENDREY, WIFE 27. IN-COMMUTS NAME NO COVE, NV 89448 PO BOX 1849, ZEPHYR COVE, NV 89448					
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP-FRST LINDA	29 MODLE 30 LAST (BIRTH NAME) SUE HOLTHE	/ /			
	31 NAME OF FATHER/PAPENT-FIRST GEORGE	33 LAST SZENDREY	34. BIRTH STATE HUNGARY			
		38 MIDDLE 37 LAST (BIFTH NAME) THOTH	38 BUTTH STATE HUNGARY			
CTOR	11/02/2015 1776 MAHOGAN	TO RESIDENCE OF WIFE, LINDA SZENDRI NY CIRCLE, MINDEN, NV 89423				
FUNERAL DIRECTORY LOCAL REGISTRAR	41 TYPE OF DISPOSITION(S) CR/RES	42 SIGNATURE OF EMBALMER ▶ NOT EMBALMED	43 LICENSE MUMBER			
	44 NAME OF FUNERAL ESTABLISHMENT MC FARLANE MORTUARY INC	45. SIGNATURE OF LOCAL REGISTRAR FD1180 ► NANCY J WILLIAMS	, MD, MPH (10/22/2015)			
ზ -	101 PLACE OF DEATH RESIDENCE	102 IF HOSPITAL SPECIFY ONE	A Mospoe Mirang Decetor's Other			
PLACE OF DEATH	TO COUNTY (100, FACELTY ADDRESS OF EL DORADO 544 TAHOE KE	R LOCATION WHERE FOUND (Sinest and number of location) EYS BLVD	SOUTH LAKE TAHOE			
	as cardex, arrest resolutivy arre IMMEDIATE CAUSE W HEMOPERICARDIUM	ases, regrins, or complications — that directly caused death. DO NOT enter terminal event ast, or winhul far fortillation without showing the ebixogs, DO NOT ADDREVIATE.	Time Interval Between 108. DEATH REPORTED TO CORPONED? (AT) Only And Death YES NO			
	(First desease or condition resulting	ISSECTION AORTIC ANEURYSM	MINS EM1508955			
EATH	Sequentially let conditions if any leading to cause on Line A. Emer LODGELYPING		MINS YES X NO (CT) 110 AUTOPSY PERFORMED?			
CALUSE OF DEATH	UNDERLYNG CAUSE (Genese or Yeury that Intuited the events Ensuring in death) LAST		(DT) 111. USED IN DETERMINATION.			
CAU	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU NONE	JT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107	X YES NO			
_	THE WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 103	OR 1127 (If yes, led type of operation and date.)	113A, IF FEWALE PREGNANT IN LAST YEAR?			
		6 SHONATURE AND TITLE OF CERTIFIER	110 LICENSE NUMBER 117 DATE minidal/copy			
PHYBICIAN'S CERTIFICATION	Decedent Attended Since Decedent List Seen Alive	B TYPE AITENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE				
# <u>#</u>	119, FORTINGY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, A					
Ą	MANNER OF DEATH X Natural Accident Momende 123 PLACE OP WIJURY (Mr.g., home construction et a. wooded assa, et) unk			
S USE O	124 DESCRIBE HON INJURY OCCURRED (Everts which resulted in Injury)					
CORONER'S USE ONLY	125 LOCATION OF INJURY (Street and number, or location, and city, as	nd zip)				
8	128 SIGNATURE OF CORONER / DE-UTY CORO (EF	E	OF CORONER / DEPUTY CORONER			
ST		10/21/2015 JACOB GROE	N, DEPUTY CORONER FAX AUTAL GENEUS FRACT			
REGIS	TRAR	*010001003066444*	leny /// lester			
/1//						

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, EL DORADO COUNTY

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health and Human Services Agency.

DATE ISSUED 2 2012

High Pans Pombe MD MSE ALICIA PARIS-POMBO MD, MSE COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

MAN SENTING OF THE SE