

APN: 1319-30-530-002

When Recorded, Please Return To:
Heritage Law Group, P.C.
1625 Highway 88, Suite 304
Minden, Nevada 89423



KAREN ELLISON, RECORDER

Mail Future Tax Statements To:
Mr. Martin Gaura
PO Box 2716
Stateline, NV 89449

AFFIDAVIT OF DEATH

The attached document does contain the social security number of a person as required by NRS 440.380.

MARTIN S. GAURA, being of sound mind and body, hereby testifies:

That he is over the age of 18,

That all of the real property situated in the State of Nevada, County of Douglas, more precisely described as:

See Exhibit "A"

was held by Martin S. Gaura and Agnes E. Gaura, who acquired joint tenancy by Grant, Bargain, Sale Deed No. 0568325 recorded on February 27, 2003,

That Agnes E. Gaura passed away on October 21, 2015, as identified in Certificate of Death # 2015019012, issued by the State of Nevada,

That pursuant to the rules of survivorship, Martin S. Gaura is the survivor and now holds this property as a married man as his sole and separate property.

That this information is offered with personal knowledge and declared under penalty of perjury.

Pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain, Sale Deed No. 0568325 recorded on February 27, 2003.

Date: August 17, 2016

Martin S. Gaura

State of Nevada)
Douglas County)

This instrument was signed and sworn to before me on August 17, 2016, by Martin S. Gaura.

Notary Public

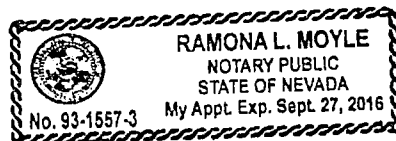


Exhibit "A"
Legal Description

Escrow No: 030200480

Parcel No. 1:

Unit 2, of Sugarpine 29, (Being a Condominium Map of Lot 29, Tahoe Village Unit No. 1) filed for record November 21, 1974, in Book 1174, Page 641, as Document No. 76613, Official Records of Douglas County, State of Nevada.

Parcel No. 2:

TOGETHER WITH an undivided 1/6th interest in and to those portions designated as Common Area as set forth on the Map of Sugarpine 29, being a Condominium Map of Lot 29, Tahoe Village Unit No. 1, filed for record November 21, 1974, as Document No. 76613, Official Records of Douglas County, State of Nevada.

Assessors Parcel No. 1319-30-530-002

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2015019012
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) Eleonore Agnes GAURA		2. DATE OF DEATH (Mo/Day/Year) October 21, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Stateline		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and 315-B Olympic Court		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 65		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 09, 1950		9a. STATE OF BIRTH (If not U.S.A., Germany		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARRIED, NEVER MARRIED, WIDOWED DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (Maiden name)	
13. SOCIAL SECURITY NUMBER 8665		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Games Dealer		14b. KIND OF BUSINESS OR INDUSTRY Gaming	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Stateline	
15d. STREET AND NUMBER 315-B Olympic Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Piotor VAN CLAVEN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Isolde MIEDERHOFF		
18a. INFORMANT - NAME (Type or Print) Martin GAURA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO BOX 2716 Stateline, Nevada 89449			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) ALLISON STEINMETZ MD 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) October 26, 2015		21c. HOUR OF DEATH 09:25		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) ALLISON STEINMETZ MD 1090 3rd Street South Lake Tahoe, CA 96150				23b. LICENSE NUMBER 14230	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 06, 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) Metastatic Ovarian Cancer DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death 1 Year					
(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(d) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				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. CITY OR TOWN STATE	

STATE REGISTRAR

3559721

VR5-Rev-20120523a

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CERTIFIED COPY OF VITAL RECORDS

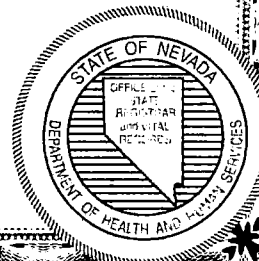
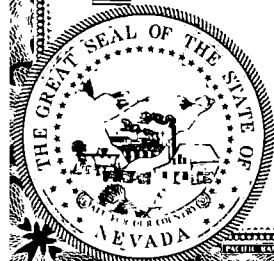
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

11/6/2015

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

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE