

APN# 1420-07-817-006



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Lewis M. Mihlek

Address: 3429 Princeton Ave.

City/State/Zip: Carson City, NV 89705

Mail Tax Statements to:

Name: Lewis M. Mihlek

Address: 3429 Princeton Ave.

City/State/Zip: Carson City, NV 89705

Affidavit - Termination of Joint Tenancy (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)

Lewis M. Mihlek
Signature

LEWIS M MIHLEK
Printed Name

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

**Affidavit-Termination of Joint Tenancy
(Death of a Joint Tenant)**

ASSESSOR'S PARCEL NO. (APN#): 1420-07-817-006

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: Lewis M. Mihlek
Address: 3429 Princeton Ave.
City/State/Zip: Carson City, NV 89705

I, Lewis M. Mihlek, the Affiant, being of legal age, and being first duly sworn, deposes and says:
That Rena Claire Mihlek, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Rena C. Mihlek
(Deceased Name as shown on Deed)

named as one of the parties in that certain Grant, Bargain, Sale Deed,
(Type of Document)

dated on the 4th day of August, 2001, and executed by Gildardo Cacho and Olga Cacho, known as "Grantor(s)" to Lewis M. Mihlek and Rena C. Mihlek known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 2001-522193, on the 5th day of September, 2001, in book 901 Page 792, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Carson City, County of Douglas, State of Nevada.
(Set forth legal description and commonly known street address, if known)

Lot 47, in block E, of IMPALA MOBILE HOME ESTATES UNIT 1, according to the map thereof, filed in the office of the county recorder of Douglas County, Nevada, on May 11, 1978, in Book 578, Page 708, as file No. 20555.


That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of \$ 180,000⁰⁰ approximately.

In witness Whereof, I/we have hereunto set my hand/our hands this 5th day of December, 20 11

Lewis Mihlek (Signature) N/A (Signature)
(Print or type name here) Lewis M. Mihlek (Print or type name here) N/A (Print or type name here)

STATE OF NEVADA)
COUNTY OF ~~EUREKA~~ Carson City)
This instrument was acknowledged before me on (date) December 5, 2011
By (person(s) appearing before notary public) Lewis M. Mihlek

(Notary Public)
My Commission expires: 7/14/2018

 JANE A. TIPPETT
Notary Public - State of Nevada
My Appointment No. 14-14326-2 (Notary Stamp)
Expires: July 14, 2018

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
 JAN 07 2016
STATE OF TEXAS **CERTIFICATE OF DEATH** **STATE FILE NUMBER 142-16-000606**

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)		(Maiden)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	
RENA CLAIRE MIHLEK		JALBERT		JANUARY 3, 2016	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	IF UNDER 1 YR Mo Days	IF UNDER 1 DAY Hours Min	6. BIRTHPLACE (City & State or Foreign Country)
FEMALE	NOVEMBER 29, 1941	74			FALL RIVER, MA
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage)	
[REDACTED] 8496		<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		LEWIS MIHLEK	
10a. RESIDENCE STREET ADDRESS			10b. APT. NO.	10c. CITY OR TOWN	
3429 PRINCETON AVE.				CARSON CITY	
10d. COUNTY	10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?		
DOUGLAS	NEVADA	89705	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE		
RODERICK JALBERT			HELEN CANOLE		
13. PLACE OF DEATH (CHECK ONLY ONE)					
IF DEATH OCCURRED IN A HOSPITAL:		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:			
<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		<input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify)			
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO)		16. FACILITY NAME (if not institution, give street address)	
TARRANT		ARLINGTON, 76001		3211 HUNTER COVE DRIVE	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		
LEWIS MIHLEK - HUSBAND			3429 PRINCETON AVE, CARSON CITY, NV 89705		
18. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. Section	
<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		DAVID PATTERSON, BY ELECTRONIC SIGNATURE - 9416		<input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		23. LOCATION (City/Town, and State)			
LONE MOUNTAIN CEMETERY		CARSON CITY, NV			
24. NAME OF FUNERAL FACILITY		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
GLOBAL MA, LLC For: AUTUMN FUNERALS AND CREMATIONS		424 S. BRYAN BELT LINE RD., MESQUITE, TX 75149			
26. CERTIFIER (Check only one)					
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - 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) and manner stated.					
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)	
ODILON ALVARADO, BY ELECTRONIC SIGNATURE		JANUARY 7, 2016	F3710	18:33	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)			32. TITLE OF CERTIFIER		
ODILON ALVARADO 1001 12TH AVE STE 160, FORT WORTH, TX 76104			MD		
33. PART 1 ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.					Approximate Interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)					UNKNOWN
a. PERITONEAL CANCER					
Due to (or as a consequence of):					
b. _____					
Due to (or as a consequence of):					
c. _____					
Due to (or as a consequence of):					
d. _____					
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1					
SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING			34. WAS AN AUTOPSY PERFORMED?		
NONE			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			36. MANNER OF DEATH		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		
37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:		39. IF TRANSPORTATION INJURY, SPECIFY:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
40a. DATE OF INJURY (mm-dd-yyyy)	40b. TIME OF INJURY	40c. INJURY AT WORK?	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
40e. LOCATION (Street and Number, City, State, Zip Code)			40f. COUNTY OF INJURY		
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR			
03-0007	JANUARY 7, 2016	REGISTRAR - CITY OF ARLINGTON, ELECTRONICALLY FILED			

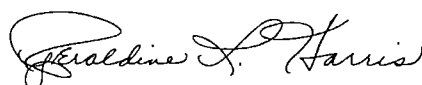
TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT
 WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195, 1999)

Q A 0 7 2 8 9 4 7 5
 VS-112 REV. 1/2006

EDR NUMBER = 000001827799

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED JAN 11 2016


 GERALDINE R. HARRIS
 STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE