

Assessor's Parcel No. 1318-15-610-004
RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

Peter Adamco, Esq.
The Law Offices of Peter P. Adamco
P.O. Box 1564
Zephyr Cove, NV 89448



KAREN ELLISON, RECORDER

MAIL TAX STATEMENT TO:

Eva Bellek
PO Box 1873
Zephyr Cove, NV 89448

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
 :ss.
COUNTY OF DOUGLAS)

EVA M. BELLEK, hereby swears (or affirms) under penalty of perjury that the following assertions are true of her own knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. I am EVA M. BELLEK, the person named as one of the grantees in that certain Joint Tenancy Deed recorded as Instrument No. 59842 in Book 881 at Page 2027 of the Official Records in the Office of the County Recorder of Douglas County, Nevada.

3. The property which is the subject of the above-described deed is located in the County of Douglas, State of Nevada, and is more particularly described as follows:

Being all of Lot 4 in Block, C, as shown on the map entitled "Round Hill Village, Unit No. 3", filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on November 24, 1965, as Document No. 30185.

322 Ute Way, Zephyr Cove, Nevada.

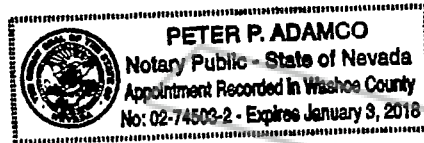
4. DONALD F. BELLEK was one of the grantees named in said deed and is the identical person named as the decedent in that certain Certificate of Death, a certified copy of which annexed hereto and made a part hereof. I am DONALD F. BELLEK's surviving spouse.

5. As recited in the above-described Certificate of Death, DONALD F. BELLEK died on the 2nd day of October, 2015, in South Lake Tahoe, El Dorado County, California.

Eva M. Bellek
EVA M. BELLEK

SUBSCRIBED and SWORN to before me
this 30th day of November, 2016
by Eva M. Bellek.

Peter P. Adamco
NOTARY PUBLIC



C O P Y

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
 PLACERVILLE, CALIFORNIA

3052015194523

CERTIFICATE OF DEATH

3201509000980

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) DONALD		2. MIDDLE FRANK		3. LAST (Family) BELLEK	
AKA, ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH: mm/dd/yyyy 02/10/1938		5. AGE Yrs. 77 Months _____ Days _____	
9. BIRTH STATE/FOREIGN COUNTRY IL		10. SOCIAL SECURITY NUMBER 1610		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SDP* (at time of death) MARRIED		7. DATE OF DEATH: mm/dd/yyyy 10/02/2015		8. HOUR: (24 Hours) 1125	
13. EDUCATION—Highest Level/Degree (see worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE—Up to 3 races (may be listed) (see worksheet on back) WHITE	
17. USUAL OCCUPATION—Type of work for most of the DO NOT USE RETIRED DIRECTOR OF PURCHASING		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CASINO		19. YEARS IN OCCUPATION 5	
20. DECEDENT'S RESIDENCE (Street and number, or location) 322 UTE WAY					
21. CITY ZEPHYR COVE		22. COUNTY/PROVINCE DOUGLAS		23. ZIP CODE 89448	
24. YEARS IN COUNTY 40		25. STATE/FOREIGN COUNTRY NEVADA			
26. INFORMANT'S NAME, RELATIONSHIP EVA M. BELLEK, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 322 UTE WAY, ZEPHYR COVE, NV 89448		
28. NAME OF SURVIVING SPOUSE/SDP*—FIRST EVA		29. MIDDLE MARIA		30. LAST (BIRTH NAME) TELKAMP	
31. NAME OF FATHER/PARENT—FIRST FRANK		32. MIDDLE GEORGE		33. LAST BELLEK	
34. BIRTH STATE HUNGARY		35. NAME OF MOTHER/PARENT—FIRST EDITH		36. MIDDLE WINIFRED	
37. LAST (BIRTH NAME) TELKAMP		38. BIRTH STATE AUSTRIA			
39. DISPOSITION DATE: mm/dd/yyyy 10/09/2015		40. PLACE OF FINAL DISPOSITION RES. EVA BELLEK 322 UTE WAY, ZEPHYR COVE, NV 89448			
41. TYPE OF DISPOSITION(S) CR/TR/RES.		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT LAKE TAHOE BURIAL AND CREMATION SOCIETY		45. LICENSE NUMBER FD2242		46. SIGNATURE OF LOCAL REGISTRAR NANCY WILLIAMS MD, MPH	
47. DATE: mm/dd/yyyy 10/08/2015					
101. PLACE OF DEATH BARTON MEMORIAL HOSPITAL		102. IF HOSPITAL: SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EVOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL: SPECIFY ONE:	
104. COUNTY EL DORADO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2170 SOUTH AVE		106. CITY SOUTH LAKE TAHOE	
107. CAUSE OF DEATH Enter the chain of events—disease, injury, or complication—that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) METASTATIC LUNG CANCER		Time Interval Between Onset and Death 3 MOS.		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107. NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO				113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Assisted/Consent: _____ Decedent Not Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER PALLISON HERMAN STEINMETZ M.D.		116. LICENSE NUMBER A71386	
117. DATE 10/07/2015		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ALLISON HERMAN STEINMETZ M.D. 1090 3RD ST STE 1, SOUTH LAKE TAHOE, CA 96150			
119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE: mm/dd/yyyy	
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE: mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH#	
				CENSUS TRACT	
				010001003055789	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATE ISSUED **AUG 17 2016**



This is a true and exact reproduction of the document officially registered and placed on file in the office of the EL DORADO COUNTY RECORDER-CLERK.

William E. Schatz
 EL DORADO COUNTY RECORDER-CLERK

This copy not valid unless prepared on engraved border displaying seal and signature of County Recorder-Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

PLACERVILLE, CALIFORNIA

3052015194523
STATE FILE NUMBER

AFFIDAVIT TO AMEND A RECORD
NO ERASURES, WHITEOUTS, PHOTOCOPIES
OR ALTERATIONS

3201509060960
LOCAL REGISTRATION NUMBER

BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

1A. NAME - FIRST DONALD	1B. MIDDLE FRANK	1C. LAST BELLEK
2. SEX M	3. DATE OF EVENT - MM/DD/YYYY 10/02/2015	4. CITY OF EVENT SOUTH LAKE TAHOE
5. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD FRANK GEORGE BELLEK		6. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD EOTH WINIFRED TEL KAMP

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
11	NO	YES
37	TELKAMP	TERSANSKI

11. MISTAKE MADE ON MILITARY SERVICE

REASON FOR CORRECTION

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

12A. SIGNATURE OF FIRST PERSON JOSEPH MURRAY	12B. PRINTED NAME JOSEPH MURRAY	12C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
12D. ADDRESS (STREET # AND NUMBER, CITY, STATE, ZIP) 10126 CHURCH STREET, TRUCKEE, CA 96161	12E. DATE SIGNED - MM/DD/YYYY 01/19/2016	
13A. SIGNATURE OF SECOND PERSON TIM LILYQUIST	13B. PRINTED NAME TIM LILYQUIST	13C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL COUNSELOR
13D. ADDRESS (STREET # AND NUMBER, CITY, STATE, ZIP) 250 RACE STREET, GRASS VALLEY, CA 95945	13E. DATE SIGNED - MM/DD/YYYY 01/20/2016	
14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR STATE REGISTRAR - OFFICE OF VITAL RECORDS	15. DATE ACCEPTED FOR REGISTRATION 03/02/2016	

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATE ISSUED AUG 17 2016



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EL DORADO COUNTY RECORDER-CLERK

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