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KAREN ELLISON, RECORDER

APN 1220-16-510-092

Recording requested by:  
Nancy Rey Jackson, Ltd.  
1591 Mono Avenue  
Minden, NV 89423

Mail documents and tax statements to:  
James G. Watroba  
1373 Marlette Circle  
Gardnerville, NV 89460

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. (Per NRS 239B.030(4))  
(State specific law):  
NRS 440.090 Requisites of certificates.  
NRS 440.380(1)(a) Medical certificate of death: Signature; contents  
NRS 40.525(5) Death certificate attached to affidavit

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY**

JAMES G. WATROBA of legal age, being duly sworn, deposes and says:

1. That GALA V. WATROBA, the decedent mentioned in the attached certified copy of certificate of death, is the same person as GALA V. WATROBA, one of the parties named in that Grant, Bargain and Sale Deed dated April 29, 2008, executed by JAMES G. WATROBA and GALA V. WATROBA to JAMES G. WATROBA and GALA V. WATROBA, husband and wife as joint tenants with right of survivorship, recorded as Document No. 0722694, on May 6, 2008, in Book 0508 at Page 0867 of Official Records of Douglas County, Nevada, concerning the following described property commonly known as 1373 Marlette Circle, Gardnerville, Nevada:

**LOT 345, AS SAID LOT IS SHOWN ON THE OFFICIAL PLAT OF GARDNERVILLE RANCHOS UNIT NO. 2, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JUNE 1, 1965, IN BOOK 1 OF MAPS, FILED AS NO. 28309, AND TITLE SHEET AMENDED ON JUNE 4, 1965, AS FILING NO. 28377**  
Source: Grant, Bargain and Sale Deed - Doc# 0722694 recorded 05/06/2008  
Assessor's Parcel No. 1022-16-001-038

Together with the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining or used in connection therewith, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

2. That this affidavit is executed and recorded for the purpose of terminating the interest of GALA V. WATROBA in and to the hereinabove-described real property.

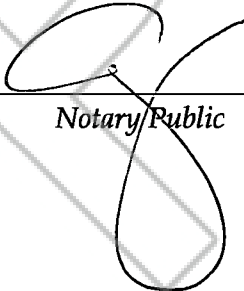
DATED June 14, 2017.

  
\_\_\_\_\_  
JAMES G. WATROBA

STATE OF NEVADA        }  
COUNTY OF DOUGLAS    }

On June 14, 2017, before me, a Notary Public, personally appeared JAMES G. WATROBA, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

WITNESS my hand and official seal.

  
\_\_\_\_\_  
Notary Public



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

#### VITAL STATISTICS CERTIFICATE OF DEATH

**2014016867**  
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)<br><b>Gala V WATROBA</b>  |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>October 15, 2014</b>   |  | 3a. COUNTY OF DEATH<br><b>Douglas</b>   |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Gardnerville</b>  |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number)<br><b>1373 Marlette Circle</b>                   |  | 3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)<br><b>Home</b>   |  |
| 4. SEX<br><b>Female</b>  |  | 7a. AGE-Last birthday (Years)<br><b>87</b>  |  | 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>February 09, 1927</b>  |  |
| 5. RACE<br><b>White</b>  |  | 6. Hispanic Origin? Specify No - Non-Hispanic   |  | 7b. UNDER 1 YEAR<br>MOS   DAYS  |  |
| 9a. STATE OF BIRTH (if not U.S.A. name country)<br><b>California</b>   |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>   |  | 10. EDUCATION<br><b>12</b>  |  |
| 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  |  | 12. SURVIVING SPOUSE (if wife, give maiden name)<br><b>James WATROBA</b>  |  | 13. SOCIAL SECURITY NUMBER<br><b>██████-9791</b>  |  |
| 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)<br><b>Housewife</b>  |  | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>  |  | 15. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>  |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>  |  | 15b. COUNTY<br><b>Douglas</b>   |  | 15c. CITY, TOWN OR LOCATION<br><b>Gardnerville</b>  |  |
| 15d. STREET AND NUMBER<br><b>1373 Marlette Circle</b>  |  | 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Vladimer GLINSKY</b>  |  | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Galena POLOSKY</b>  |  |
| 18a. INFORMANT - NAME (Type or Print)<br><b>James WATROBA</b>  |  | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>1373 Marlette Circle, Gardnerville, Nevada 89460</b> |  |   |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>   |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Fitzhenry's Crematory</b>   |  | 19c. LOCATION City or Town State<br><b>Carson City Nevada 89701</b>   |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>JAMES SMOLENSKI</b><br><b>SIGNATURE AUTHENTICATED</b>   |  | 20b. FUNERAL DIRECTOR LICENSE<br><b>217</b>   |  | 20c. NAME AND ADDRESS OF FACILITY<br><b>FitzHenry's Carson Valley Funeral Home</b><br><b>1380 Highway 395 N Gardnerville NV 89410</b>                               |  |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>SIGNATURE AUTHENTICATED GARRETT DONALD SCHWARTZ M.D.</b>     |  |   |  |   |  |
| 21b. DATE SIGNED (Mo/Day/Yr)<br><b>October 16, 2014</b>  |  | 21c. HOUR OF DEATH<br><b>11:05</b>  |  | 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) |  |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)   |  | 22b. DATE SIGNED (Mo/Day/Yr)  |  | 22c. HOUR OF DEATH  |  |
| 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)<br><b>Garrett Donald Schwartz M.D. 1107 Highway 395 Gardnerville, NV 89410</b> |  |   |  | 23b. LICENSE NUMBER<br><b>9086</b>  |  |
| 24a. REGISTRAR (Signature)<br><b>RHONDA PENA</b><br><b>SIGNATURE AUTHENTICATED</b>   |  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>October 17, 2014</b>  |  | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br><b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>  |  |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)   |  |   |  |   |  |
| PART I   |  |   |  |   |  |
| (a) <b>Cardiopulmonary Arrest</b>  |  |   |  |   |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |   |  |   |  |
| (b) <b>Sepsis Syndrome</b>   |  |   |  |   |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |   |  |   |  |
| (c) <b>Stage IV Decubitus Ulcer</b>  |  |   |  |   |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |   |  |   |  |
| (d)  |  |   |  |   |  |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.<br><b>Type II Diabetes, Multiple Myeloma</b>                    |  |   |  | 26. AUTOPSY (Specify Yes or No)<br><b>No</b>  |  |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>No</b>  |  |   |  |   |  |
| 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

### CERTIFIED COPY OF VITAL RECORDS

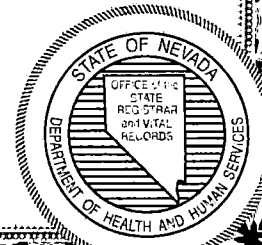
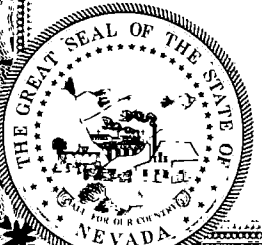
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **10/22/2014**

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

*R. D. White*  
STATE REGISTRAR  
**SIGNATURE AUTHENTICATED**

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE