



KAREN ELLISON, RECORDER

APN # 1320-02-001-051
RECORDING REQUESTED BY AND
WHEN RECORDED RETURN TO:
Sandra A. Ballard
16167 Galena Meadows Dr.
Reno, NV 89511

MAIL TAX STATEMENT TO:
Sandra A. Ballard
16167 Galena Meadows Dr.
Reno, NV 89511

AFFIDAVIT OF SURVIVING JOINT TENANT

SANDRA A. KRAJEWSKI, of legal age, being first duly sworn, deposes and says:

That, GERALD A. KRAJEWSKI, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GERALD A. KRAJEWSKI and is named as one of the parties in that certain Grant, Bargain and Sale Deed dated November 29, 1995, executed by RAYMOND M. SMITH, a married man as his sole and separate property, to GERALD A. KRAJEWSKI and SANDRA A. KRAJEWSKI, husband and wife as joint tenants with right of survivorship, recorded on January 2, 1996, as Document No. 378078, of Official Records of the County of Douglas, State of Nevada, covering the following described real property situated in County of Douglas, State of Nevada:

A parcel of land situate within a portion of the Northeast 1/4 of Section 2, Township 13 North, Range 20 East, M.D.B.&M., more particularly described as follows:

Parcel 4C-2 as shown on that certain Parcel Map No. 2014 for Raymond M. Smith filed in the office of the County Recorder, Douglas County, State of Nevada on November 8, 1995 in Book 1195, at Page 1330 as Document No. 374461, Official Records.

NOTE(NRS 111.312): The above metes and bounds description appeared previously in that certain Grant, Bargain, and Sale Deed, recorded in the office of the County Recorder of Douglas County, Nevada on January 2, 1996, as Document No. 378078, of Official Records.

TOGETHER WITH all singular the tenements, hereditaments and appurtenances thereunto belonging or in anyway appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated: July 11, 2017

Sandra A. Krajewski
SANDRA A. KRAJEWSKI

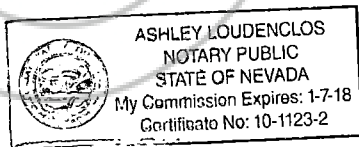
STATE OF NEVADA)

SS.

COUNTY OF WASHOE)

On July 11, 2017, before me, the undersigned, a Notary Public in and for said County and State, personally appeared SANDRA A. KRAJEWSKI, personally known to me (or 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 she executed the same.

WITNESS my hand and seal.



Ashley Loudenclos
Ashley Loudenclos, Notary Public
Washoe County, Nevada
My Commission Expires 01/07/2018

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last 1 Gerald Albert KRAJEWSKI	DATE OF DEATH (Month, Day, Year) 2 July 27, 2000	STATE FILE NUMBER	COUNTY OF DEATH 3a. Lyon
DECEDENT	CITY, TOWN OR LOCATION OF DEATH 3b. Dayton		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 350 Six Mile Canyon Road		SEX 4. Male
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 44	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :
PARENTS	STATE OF BIRTH (If not U.S.A., name country) 9a. Rhode Island	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 13	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Divorced	SURVIVING SPOUSE (If wife, give maiden name) 12.
	SOCIAL SECURITY NUMBER 13. [REDACTED]-5285		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Correction Officer	KIND OF BUSINESS OR INDUSTRY 14b. State of Nevada	
	RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Carson City	CITY, TOWN, OR LOCATION 15c. Carson City	STREET AND NUMBER 15d. Diane Drive 2303	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
DISPOSITION	FATHER—NAME First Middle Last 16. Theodore Krajewski		MOTHER—MAIDEN NAME First Middle Last 17. Beulah Raleigh		
	INFORMANT—NAME (Type or Print) 18a. Sandy Krajewski		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 2303 Diane Drive, Carson City, Nevada 89701		
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial	CEMETERY OR CREMATORY—NAME 19b. St. Ann's Cemetery		LOCATION City or Town State 19c. Cranston, Rhode Island	
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 9	NAME AND ADDRESS OF FACILITY 20c. Walton's Chapel of the Valley, Carson City, Nevada 89706	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		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) and manner stated. (Signature and Title) <i>[Signature]</i>		
	DATE SIGNED (Mo., Day, Yr.) 21b.	HOUR OF DEATH 21c.	DATE SIGNED (Mo., Day, Yr.) 22b. 07/27/00	HOUR OF DEATH 22c. 0610 HRS	
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		22d. ON 07/27/00		22e. AT 0610 HRS
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. James W Cupp Jr 30 Devin Way Perinton NY 14544				
	REGISTRAR 24a. (Signature) <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. July 31, 2000	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				
	PART I	(a) Esophageal Varices with Gastro Intestinal Hemmorage DUE TO, OR AS A CONSEQUENCE OF.			Interval between onset and death
	PART II	(c) Hepic cirrhosis with Ascites Chronic Ethanolism DUE TO, OR AS A CONSEQUENCE OF.			Interval between onset and death
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.		
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE



STATE REGISTRAR

This is to certify that the above is a true and correct copy of the certificate on file in this office.

JUL 31 2000

Date Issued:

[Signature]
Yvonne Sylva

State Registrar

No.159681