DOUGLAS COUNTY, NV Rec:\$35.00

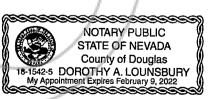
2018-914798 05/29/2018 01:35 PM

Rec:\$35.00 Total:\$35.00 LYNN CERMAK

Pas=4

APN# 1420-07-611-050 Recording Requested by/Mail to: KAREN ELLISON. RECORDER Name: LYNN KAY CERMAK Address: 3572 SHADOW LN City/State/Zip: CARSON CITY NV 89705 Mail Tax Statements to: Name: SAME Address: City/State/Zip: AFFIDAVIT OF DEATH 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) This document is being (re-)recorded to correct document # _____, and is correcting

Affidavit of Death
STATE OF NEVADA COUNTY OF Douglas
I, LYNN CERMAK, residing at 3572 SHADOWLN, CARSON CITY, NEVARA 89705, being of legal age, depose and say that:
That FRANCIS EARL, CERMAK,
died on 8-04-2014 as evidence by a certified copy of that Certificate of Death, attached hereto;
That I am the successor to the estate of the descendant and to the descendants interest in funds held by various institutions and no other person has a superior right to the interest of the decedents in the described property; That no proceeding is being or has been conducted in for administration of the descendant's estate.
Oath of Affirmation:
I certify under penalty of perjury under <u>NEVEDA</u> law that I know the contents of this Affidavit signed by me and that the statements are true and correct.
Jynn Cermak U5/29/2018 Date Lynn Cermak
STATE OF Nevada, COUNTY OF Douglas, ss:
porothytomolog
ned and sworn to before (Notary Public
on May 29th, 2018 LYNN KAY CERMAK
Lynn Cermak, Title (and Rank)



My commission expires 02/09/2022

ACCOM1521

EXHIBIT A

*RECORDING REQUESTED BY:

STEWART TITLE COMPANY

WHEN RECORDED MAIL TO:
MAIL TAX STATEMENTS TO:

FRANCIS E. CERMAK 3572 SHADOW LANE CARSON CITY, NV 89705 ESCROW NO. ACCOM 1521MK
R.P.T.T. \$ 0 #4\(\varphi\)
A.P.N. # 1420-07-611-050

GRANT, BARGAIN, SALE DEED

THIS INDENTURE WITNESSETH: That LYNN K. CERMAK

in consideration of \$10.00, the receipt of which is hereby acknowledged, does hereby Grant, Bargain Sell and Convey to FRANCIS E. CERMAK A MARRIED MAN AS HIS SOLE AND SEPARATE PROPERTY

and to the heirs and assigns of such Grantee forever, all that real property situated in the City of CARSON CITY County of DOUGLAS State of Nevada, bounded and described as follows:

LOT 23, IN BLOCK C, OF THE FINAL MAP OF SINRIDGE HEIGHTS PHASE 2, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON SEPTEMBER 30, 1993, AS DOCUMENT NO. 319089

IT IS THE EXPRESS INTENT OF THE GRANTOR, BEING THE SPOUSE OF THE GRANTEE, TO CONVEY ALL RIGHT, TITLE AND INTEREST OF THE GRANTOR, COMMUNITY OR OTHERWISE, IN AND TO THE HEREIN DESCRIBED PROPERTY TO THE GRANTEE AS GRANTEE'S SOLE AND SEPARATE PROPERTY.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

LORI MAE SILVA
Notary Public - State of Nevada
Appointment Recorded In County of Douglas
My Appointment Expires April 28, 2001

September 19,

STATE OF Nevada } ss.

COUNTY OF DOUGLAS }

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY, EXPRESSED OR IMPLIED, IS ASSUMED AS TO IT'S REGULARITY OR SUFFICIENCY NOR AS TO ITS EFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.

STEWART TITLE OF DOUGLAS COUNTY

This instrument was acknowledged before me on Sep 19, 2000 by LYNN K. CERMAK

2000

by, LYNN K. CERMAK

Signature____

DATE:

Notary Public

REQUESTED BY

STEWART TITLE of DOUGLAS COUNTY

IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

2000 SEP 20 PM 4: 30

RECORDER

PG3626 \$ PAID & DE

0499792

BK0900PG3626



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

VITAL STATISTICS

CERTIFICATE OF DEATH

2014012784

	CERTIFICATE OF DEATH 2014012704												. [
TYPE OR F	10 DECEASED NAME /FIRST	la DAT	STATE FILE NUMBER 2 DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH											
PRINTIN	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Francis Earl CERMAK							August 04, 2014 Douglas						
	TRAILES EATH DECITY, TOWN, OR LOCATION OF DEATH 3C. HOSPITAL OR OTHER INSTITUTION Name(If not either,							ive street 3e.lf Hosp. or Inst. indicate DOA,OP/Emer. Rm. 4. SEX						
}	Carson City		and number) 3572 Shadow Lane					Inpatient(Specify) Home Male						
DECEDENT	5. RACE White		8. Hispanic Origin? Specify 7a. AGE-Last					NDER 1 YEAR To UNDER 1 DAY 8. DATE OF BIRTH (Mo/Day/Yr)						
	(Specify)		No - Non-Hispanic			birthday (Years)	79		August 09,					
	9a. STATE OF BIRTH (If not U.S name country) (Illinois	.A., 9b (CITIZEN OF WHAT COUNTRY 10 EDUCATION 11 MARRIED, NE United States 12 DIVORCED (Specific Specific Speci					EVER MARRIED, WIDOWED, 12. SURVIVING SPOUSE (if w/e, give maiden name) Lynn Kay MARTELL						
SEE HANDBOOK REGARDING	13 SOCIAL SECURITY NUMBE		USUAL OCCUPATION (Give Kind of Work Done During Most orking Life, Even if Retired) Brick Layer					14b. KIND OF BUSINESS OR INDUSTRY Construction Ever in US A Forces? Ye						
COMPLETION OF RESIDENCE	156 CITY TOWN OF COATION 156 STREET AND NUMBER 156 INSIDE CITY												E CITY	
ITEMS	Nevada	ouglas						(2 Shadow Lane UMITS (Specify Yes						
>	16 FATHER/PARENT - NAME (First Middle Last Suffix) 17. MOTHER/PARENT - NAME (First Middle Last Suffix)													
PARENTS		John A	CERMAK						rence [N N	`	1	
	18a INFORMANT- NAME (Type or Print) Lynn Kay CERMAK 18b MAILING ADDRESS (Street or R F.D. No, City or Town, State, Zip) 3572 Shadow Lane Carson City, Nevada 89705												1	
ISPOSITION	19a. BURIAL, CREMATION, REI Cremat		ER (Specify) 1	9b. CEMETERY		ORY - NAME Meadows Cr	rematory		19c. LOC		City or To	own State da 89431	N. 10" 1	
	20a FUNERAL DIRECTOR - SIG	SNATURE (O			Ob FUNERAL		c. NAME AND	ADDRESS O	F FACILITY		remation	ns	746	
			NCE ENTICATED		3041	7%		1575 N Lo						
RADE CALL	TRADE CALL - NAME AND ADD					V								
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ER 21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH A LOUIST 08 2014 22b. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH												occurred at	
	TIER B 2 21b. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH 22c. HOUR									CED DEAD	AT (Hour)			
	23a, NAME AND ADDRESS OF	CERTIFIER	PHYSICIAN, A	TTENDING PH	SICIAN, MED	DICAL EXAMINE by #108 Spar	R, OR CORC	NER) (Type or	r Print)	2:	Bb. LICENS	E NUMBER 6450	···	
	24a REGISTRAR (Signature)	en oue wit			Trater vya	24b DATE RE			24c DI	EATH DU	IE TO COM	MUNICABL	E DISEASE	
REGISTRAR	24d (3200 min (digitalians)	SIGN	NICOLE ATURE AUTI	SHUKE IENTICATED		(Mo/Day/Yr)	August	11, 2014		YES		ио 🗶		
CAUSE OF	25. IMMEDIATE CAUSE PART I (a) Acute My			SE PER LINE F emia	OR (a), (b), A	ND (c))			_		Interval b	etween onse	t and death	
	DUE TO, OR A	AS A CONSE	QUENCE OF							•	Interval b	etween onse	t and death	
CONDITIONS IF ANY WHICH GAVE RISE TO	(b) DUE TO, OR	AS A CONSE	QUENCE OF				 		_	 i	Interval b	etween onse	et and death	
CAUSE ->	(c) Due TO, OR AS A CONSEQUENCE OF: Interval between onset and dea												et and death	
UNDERLYING CAUSE LAST	(d)		The same of the sa	The same of the sa					, 				<u> </u>	
/ /	PART IS OTHER SIGNIFICANT	r condition	IS-Conditions c	ontnbuting to de	eath but not re				(8	Specify Yo		TO CORONE or No)	E REFERRED R (Specify Yes Yes	
	28a, ACC , SUICIDE, HOM., UNDET. OR PENDING INVEST (Specify)	28b. DATE (OF INJURY (Mo/Da	ay/Yr) 280	. HOUR OF INU	URY 28d DES	CRIBE HOW IN	JURY OCCURRE	ED					
\	28e INJURY AT WORK (Specification of No.)		E OF INJURY- tc. (Spealy)	At home, farm, s	street, factory,	office 28g. LC	CATION	STREET OF	RF.D No	. CÎT	Y OR TOW	/N	STATE	
∀ ==				-7	A T : T	FRECIOTA	40					-		

STATE REGISTRAF

VRS-Rev-20120523a

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:

08/11/2014

SIGNATURE AUTHENTICATED

OF NEW ON THE PROPERTY OF THE

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

TE OF