

APN# : 1220-15-511-003

Recording Requested By:

Western Title Company

When Recorded Mail To:

Sandra L. Dombrowski

P.O. Box 2381

Gardnerville, NV 89410

Mail Tax Statements to: (deeds only)

same as above

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature

Wendy Dunbar

Escrow Officer

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

Sandra L. Dombrowski, of legal age, being first duly sworn, deposes and says:

That Warren Francis Dombrowski, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Warren F. Dombrowski named as one of the parties in that certain Individual Grant Deed dated 7/10/1992 executed by Duane G. McDuffee and Patricia G. McDuffee to Warren F. Dombrowski and Sandra L. Dombrowski as joint tenants, recorded as instrument No. 284568, on 7/29/1992, in Book 792, Page 5112, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 6, of GARDNERVILLE RANCHOS UNIT NO. 3, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 1, 1965, in Book 28, Page 117, as Document No. 28310, and Amended on June 4, 1965, in Book 81, Page 687, as Document No. 28378.

Dated August 10, 2020

Sandra L. Dombrowski
Sandra L. Dombrowski
Surviving Joint Tenant

STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on August 10, 2020, by Sandra L. Dombrowski.

[Signature]
Notary Public

WENDY DUNBAR
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No. G2-73083-5 - Expires Dec. 16, 2022

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4009053

CERTIFICATE OF DEATH

2018004984
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) Warren Francis DOMBROWSKI		2. DATE OF DEATH (Mo/Day/Year) March 13, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street an 984 Fairway Drive		3e. If Hosp. or Inst. indicate DOA, OP/Emr. Rm. (Inpatient)(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. DATE OF BIRTH (Mo/Day/Yr) March 30, 1945	
7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8a. STATE OF BIRTH (If not US/CA, name country) Germany		8b. CITIZEN OF WHAT COUNTRY United States		8c. EDUCATION 12	
8d. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sandra Lea PORTELLI			
13. SOCIAL SECURITY NUMBER 9895		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Meat Cutter		14b. KIND OF BUSINESS OR INDUSTRY Grocery Store	
14c. Ever in US Armed Forces? No		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 984 Fairway Drive		15e. INSIDE CITY Limits (Specify Yes or No) No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Alexander DOMBROWSKI			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alefina SCHULZ		
18a. INFORMANT - NAME (Type or Print) Sandra Lea DOMBROWSKI			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 984 Fairway Drive Gardnerville, Nevada 89460		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD923		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) NITA SCHWARTZ MD SIGNATURE AUTHENTICATED			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)		
21b. DATE SIGNED (Mo/Day/Yr) March 14, 2018		21c. HOUR OF DEATH 00:45		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703			
23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 15, 2018	
24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Mesothelioma DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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

000714703



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: **MAR 19 2018**

STATE REGISTRAR

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

VRS-Rev-20120523a

