

APN# : 1220-22-310-135

DOUGLAS COUNTY, NV **2020-953282**
Rec:\$40.00
\$40.00 Pgs=4 09/24/2020 01:44 PM
ETRCO
KAREN ELLISON, RECORDER


Recording Requested By:
Western Title Company

When Recorded Mail To:
Margaret Wasilchuk
399 Brittany Ct
Carson City NV
89701

Mail Tax Statements to: (deeds only)

(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 _____

Amy Gutierrez 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

Margaret Wasilchuk, of legal age, being first duly sworn, deposes and says:

That Fred Wasilchuk, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Fred Wasilchuk named as one of the parties in that certain Grant, Bargain, Sale Deed dated 11/15/2000 executed by Anthony M. Azevedo and Heidi L. Azevedo, husband and wife as joint tenants to Fred Wasilchuk and Margaret Wasilchuk, husband and wife as joint tenants, recorded as instrument No. 0503748, on 11/22/2000, in Book, Page , 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 680, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, Document No. 72456.

Dated 9/22/2020

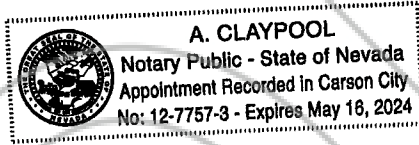
Margaret Wasilchuk
Margaret Wasilchuk, Surviving Joint Tenant

STATE OF NEVADA }
COUNTY OF Carson City } SS

This instrument was acknowledged before me on 9/22/2020,

by Margaret Wasilchuk

A Claypool
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

2015008841

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) Fred WASILCHUK		2. DATE OF DEATH (Mo/Day/Year) May 21, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION-Name(if not either, give street and Brookdale Senior Living		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Residential Care Facility	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 16, 1928		9a. STATE OF BIRTH (If not U.S.A.) New York		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Margaret VANO	
13. SOCIAL SECURITY NUMBER 7898		14a. USUAL OCCUPATION (Give Kind of Work Done During Month of Slot Maintenance Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Casino	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1484 Irene Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) WASILCHUK			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rose WECKLINECK		
18a. INFORMANT- NAME (Type or Print) Margaret WASILCHUK			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1484 Irene Ct Gardnerville, Nevada 89460		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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 M.D. 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) May 27, 2015		21c. HOUR OF DEATH 23:02		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 M.D. 710 W. Washington St. Carson City, NV 89703		23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 27, 2015		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) Malnutrition, Protein Calorie DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
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) Yes		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Unknown		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 Nevada			

STATE REGISTRAR

3833829

581517

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:

6/2/2015

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

Rhonda Pena
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

