

APN# 1221-05-001-019



00121635202009554990050059

KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Matuska Law Offices, Ltd.

Address: 2310 S. Carson St., #6

City/State/Zip: Carson City, NV 89701

Mail Tax Statements to:

Name: John F. Kowalski

Address: 1360 Creek Dr.

City/State/Zip: Gardnerville, NV 89410

Affidavit of Death of Joint Tenant

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain 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)

Signature

Michael L. Matuska, Esq.

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
CARSON CITY)

I, John F. Kowalski, (aka John Francis Kowalski) do hereby swear under penalty of perjury that the following assertions are true to the best of my knowledge and belief:

1. I am over 18 years old of age, am of sound mind, and if called to testify would competently testify to the following.

2. Barbara M. Kowalski (aka Barbara May Kowalski) died on August 13, 2020 in Douglas County, Nevada. Attached as **Exhibit A** is a certified copy of the death certificate.

3. John F. Kowalski is the Decedent’s spouse.

4. Decedent and John F. Kowalski took title as joint tenants to:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Parcel 1:

Being a portion of Section 5, Township 12 North, Range 21 East, M.D.B. & M., further described as follows:

Beginning at the ¼ corner common to Sections 5 and 32, Township 12 North, Range 21 East, M.D.B. & M., thence South 01°14’33” West 597.47 feet; thence South 77°17’49” East 40.59 feet; thence North 65°48’53” East 275.81 feet; thence South 72°49’47” East 61.83 feet; thence North 58°24’23” East 166.02 feet; thence South 01°14’33” West 460.59 feet to the Northwest corner of Revised Parcel 2 and the True Point of Beginning, thence South 01°14’33” West 360.42 feet; thence North 89°29’33” East 245.10 feet, thence North 00°12’12” East 360.28 feet thence South 89°29’33” West 238.56 feet to the True Point of Beginning.

Said Parcel is a portion of Parcel 2 of Parcel Map for Richard H. and Alis L. Nalder, recorded August 28, 1982, in Book 982, at Page 1589, as Document No. 71297.

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Parcel 2:

An easement for ingress as set forth in document executed by Stoddard Jacobsen and Jewel Jacobsen, recorded May 28, 1981 in Book 581, Page 1576, as Document No. 56681.

Per NRS 111.312, this legal description was previously recorded at Document No. 329029, Book No. 0194, Page #6272, on January 31, 1994.

- 5. Title was taken by a deed recorded as Document No. 329029 in the Official Records of Douglas County, Nevada on January 31, 1994.
- 6. Decedent was survived by John F. Kowalski.

DATED: 26th day of OCTOBER 2020

John F. Kowalski
John F. Kowalski

SUBSCRIBED and SWORN to before me this 26th day of OCTOBER 2020.
John F. Kowalski.

Suzette Turley
Notary Public

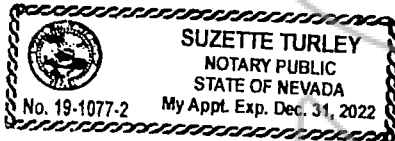


Exhibit A
CERTIFICATE OF DEATH
(Affidavit of Death of Joint Tenant)

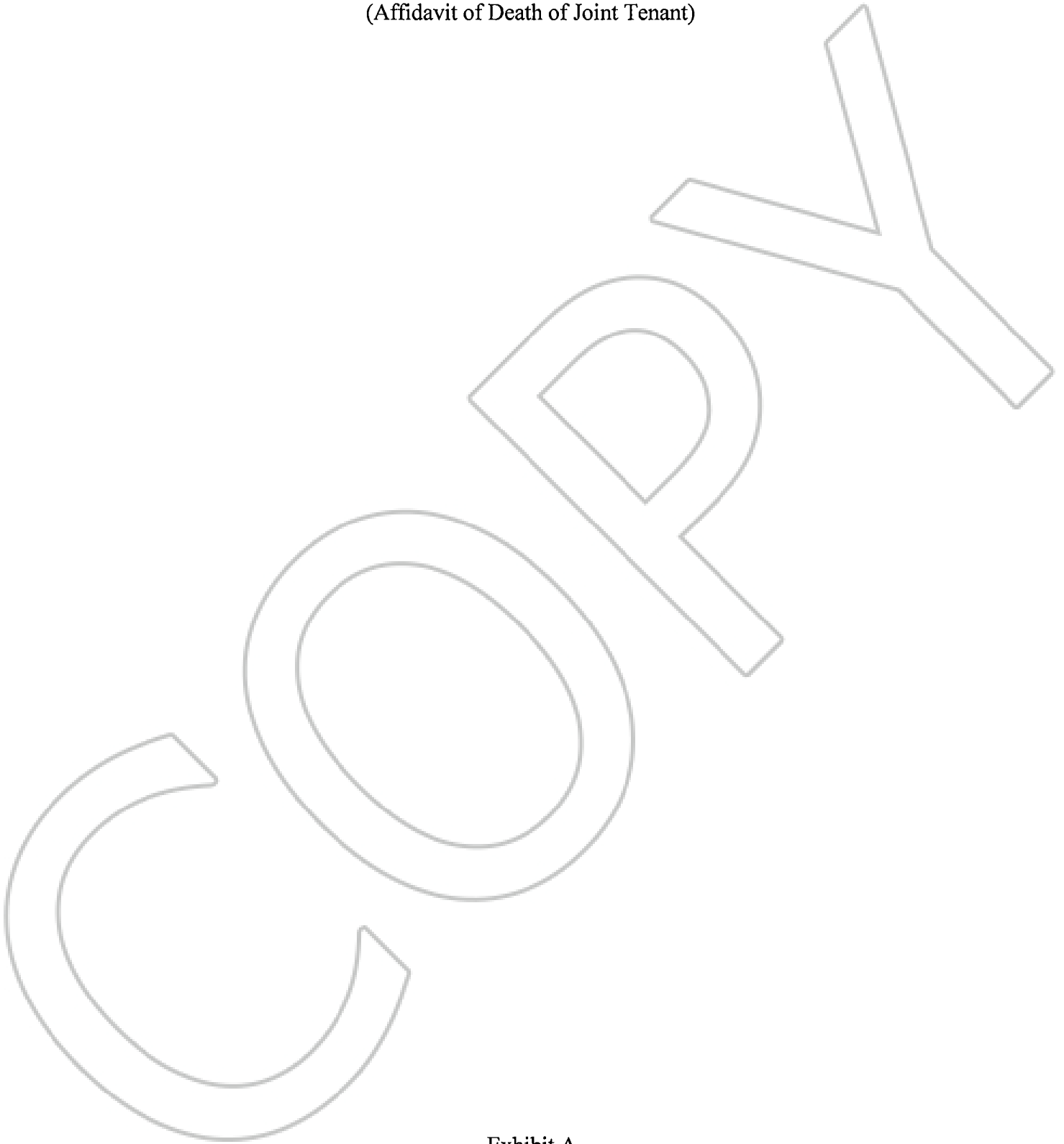


Exhibit A
CERTIFICATE OF DEATH
(Affidavit of Death of Joint Tenant)

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4161629

CERTIFICATE OF DEATH

2020017760

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) Barbara May KOWALSKI		2 DATE OF DEATH (Mo/Day/Year) August 13, 2020		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 number) 1360 Creek Drive		3e If Hosp or Inst indicate DOA, OP, Emer. Rm Inpatient (Specify) Home Female	
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 86	
9a STATE OF BIRTH (If not US/CA, name country) England		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 14	
11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) John Francis KOWALSKI		8 DATE OF BIRTH (Mo/Day/Yr) September 07, 1933	
13 SOCIAL SECURITY NUMBER 0818		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) SECRETARY		14b KIND OF BUSINESS OR INDUSTRY Secretarial	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
15d STREET AND NUMBER 1360 Creek Drive		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Ralph Harry COATES			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Dorothy PAGDIN		
18a INFORMANT - NAME (Type or Print) John KOWALSKI		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 1360 Creek Drive Gardnerville, Nevada 89410			
19a BURIAL CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME La Paloma Reno		19c LOCATION City or Town State Reno Nevada 89511	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RYAN BOWEN SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD810		20c NAME AND ADDRESS OF FACILITY Simple Cremation Sparks 1016 N Rock Blvd, Ste 102 Sparks NV 89431	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DOUGLAS VACEK DO SIGNATURE AUTHENTICATED					
21b DATE SIGNED (Mo/Day/Yr) August 14, 2020		21c HOUR OF DEATH 18:42		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) Douglas Vacek DO 850 6th Street Lovelock, NV 89419				23b LICENSE NUMBER 1125	
24a REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 19, 2020		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) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF. (b) Electrolyte Imbalance DUE TO, OR AS A CONSEQUENCE OF (c) Metastatic Breast Adenocarcioma DUE TO OR AS A CONSEQUENCE OF (d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 Advance Age				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	

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CERTIFIED COPY OF VITAL RECORDS

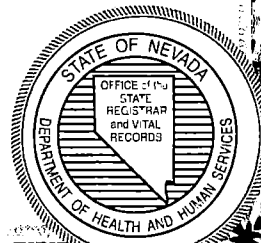
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

10/13/2020

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

Wesley T Storey
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE