



KAREN ELLISON, RECORDER

This document does contain a social security number pursuant to NRS 440.380(1)(a) & NRS 40.525(5)

Natalia K. Vander Laan, Esq.

**APN: 1220-17-612-006**

**Recording requested by:** )  
Bronislaw Kulikowski )  
948 Sweetwater Dr. )  
Gardnerville, NV 89460 )

**When recorded mail to:** )  
Bronislaw Kulikowski )  
948 Sweetwater Dr. )  
Gardnerville, NV 89460 )

**Mail tax statement to:** )  
Bronislaw Kulikowski )  
948 Sweetwater Dr. )  
Gardnerville, NV 89460 )

**AFFIDAVIT – DEATH OF CO-TENANT**

I, BRONISLAWA AGATA KULIKOWSKI, of legal age, being first duly sworn, declare under penalty of perjury that:

ROBERT EUGENE WENGLER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ROBERT E. WENGLER named as one of the parties (grantees) in that certain deed dated November 18, 2019, and executed by Carol A. Kellogg, Surviving Trustee (grantor), to Robert E. Wengler and Bronislaw A. Kulikowski, husband and wife as joint tenants with right of survivorship (grantees), recorded on November 26, 2019, as Document No. 2019-938780 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 114, in Block B as shown on the Final Map of Pleasantview Phase 6, Final Subdivision Map No. 1009-6, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on April 25, 1997, in Book 497, at Page 4062, as Document No. 411306, and that certain Certificate of Amendment to said Subdivision Map recorded on December 24, 1997 in Book 1297 at Page 4892, as Document No. 429189, Official Records.

Subject to:

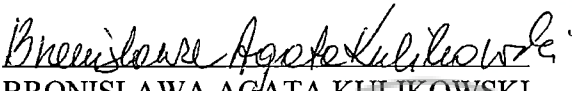
1. All general and special taxes for the current fiscal year.
2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

ROBERT EUGENE WENGLER, the deceased party, died on January 28, 2022, as shown in the attached certified copy of Certificate of Death.

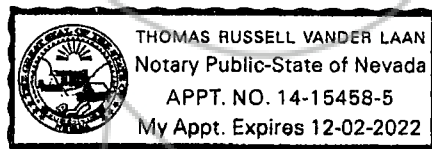
The Affiant is the Wife of the deceased party and now the sole owner of the subject property, holding title as a single woman as her sole and separate property.

Executed on this April 27, 2022, in Douglas County, State of Nevada.

  
BRONISLAWA AGATA KULIKOWSKI

STATE OF NEVADA            )  
  ): ss  
COUNTY OF Douglas        )

Signed and sworn to (or affirmed) before me on this April 27, 2022, by BRONISLAWA AGATA KULIKOWSKI.



  
\_\_\_\_\_  
NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4263712

**CERTIFICATE OF DEATH**

2022002025  
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) <b>Robert Eugene WENGLER</b>		2 DATE OF DEATH (Mo/Day/Year) <b>January 28, 2022</b>		3a COUNTY OF DEATH <b>Douglas</b>	
3b CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) <b>948 Sweetwater Drive</b>		3e If Hosp. or Inst. indicate DOA,OP/Emer. Rm Inpatient(Specify) <b>Home</b>	
4 SEX <b>Male</b>		7a AGE-Last birthday (Years) <b>88</b>		7c UNDER 1 DAY UNDER 1 YEAR <b>MOS DAYS HOURS MINS</b>	
5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic		8 DATE OF BIRTH (Mo/Day/Yr) <b>March 05, 1933</b>	
9a STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10 EDUCATION <b>18</b>	
11 MARITAL STATUS (Specify) <b>Married</b>		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Broniaslawa A KRACH</b>			
13 SOCIAL SECURITY NUMBER <b>██████████ 1305</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY <b>GENERAL RESEARCH CORPORATION</b>	
15a RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Douglas</b>		15c CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d STREET AND NUMBER <b>948 Sweetwater Drive</b>		15e INSIDE CITY LIMITS? (Specify Yes or No) <b>Yes</b>			
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>George A WENGLER</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Evelyn Margaret STUMP</b>		
18a. INFORMANT- NAME (Type or Print) <b>Broniaslawa A KULIKOWSKI</b>		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>948 Sweetwater Drive Gardnerville, Nevada 89460</b>			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/State</b>		19b. CEMETERY OR CREMATORY - NAME <b>Riverside National Cemetery</b>		19c. LOCATION City or Town State <b>Riverside California 92518</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>NORMA M FINKES</b> <b>SIGNATURE AUTHENTICATED</b>		20b FUNERAL DIRECTOR LICENSE NUMBER <b>FD967</b>		20c NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1637 Esmeralda Place Minden NV 89423</b>	
TRADE CALL - NAME AND ADDRESS <b>Acheson &amp; Graham Garden of Prayer Mortuary 7944 Magnolia Avenue Riverside CA 92504</b>					
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) <b>JEFFREY BASA MD</b> <b>SIGNATURE AUTHENTICATED</b>			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) <b>January 30, 2022</b>		21c HOUR OF DEATH <b>06:07</b>		22b DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Dr. Jeffrey Basa MD 2874 N. Carson Street, Ste 200 Carson City, NV 89706</b>				23b LICENSE NUMBER <b>8079</b>	
24a REGISTRAR (Signature) <b>DARAN GRISSOM</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 31, 2022</b>		24c DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) <b>Chronic Obstructive Lung Disease</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Unknown Etiology</b> DUE TO, OR AS A CONSEQUENCE OF (c) <b></b> DUE TO, OR AS A CONSEQUENCE OF. (d) <b></b>				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				26 AUTOPSY (Specify Yes or No) <b>No</b>	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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	



**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.

2/9/2022

DATE ISSUED:

STATE REGISTRAR

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

