

APN# 1320-02-001-094



00171075202309991130040047

SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: Smith and Harmer, Ltd.

Address: 502 N. Division Street

City/State/Zip: Carson City, NV 89703

Mail Tax Statements to:

Name: Darlene Smudski

Address: 210 Webb Drive

City/State/Zip: Wheatland, CA

AFFIDAVIT OF DEATH

Title of Document (required)

Document # _____ is being (re-)recorded to correct;

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)

Joylyn Harmer
Signature
Joylyn Harmer

Printed Name

APN 1320-02-001-094

When Recorded, Mail to:
Smith and Harmer, Ltd.
502 North Division Street
Carson City, Nevada 89703

Mail Tax Statement to:
Darlene Smudski
210 Webb Drive
Wheatland, CA 95692

This document contains a social security number in the death certificate attached pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
CARSON CITY)

I, DARLENE D. SMUDSKI, being first duly sworn, depose and say:

1. That I am the surviving wife of DANNY R. SMUDSKI and fully informed as to the real property held by him at his death.

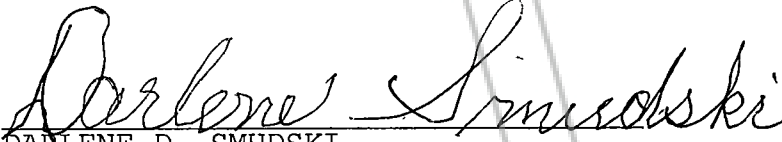
2. That the joint tenancy in the referenced property was created by that certain Grant, Bargain, Sale Deed dated November 12, 2003 and recorded on November 25, 2003, as File No. 0597920, Official Records of Douglas County, Nevada.

The real property owned by DANNY R. SMUDSKI and DARLENE D. SMUDSKI on the date of the death of DANNY R. SMUDSKI on June 25, 2023, is more particularly described as follows:

Lot 10, as shown on that certain map entitled PIONEER HEIGHTS SUBDIVISION, UNIT NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on March 13, 1961, as Document No. 17360.

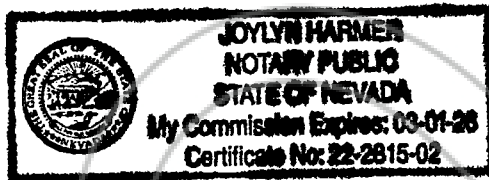
Assessor's Parcel No. 1320-02-001-094

3. A certified copy of the Certificate of Death of the decedent DANNYR. SMUDSKI is attached hereto showing his date of death on June 25, 2023.


DARLENE D. SMUDSKI

SUBSCRIBED and SWORN to before me this 27TH day of July 2023, by DARLENE D. SMUDSKI.


Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL STATISTICS COUNTY OF PLACER

AUBURN, CALIFORNIA 95603

3052023152779

CERTIFICATE OF DEATH

3202331002271

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS 10-1 (REV 3/05)				LOCAL REGISTRATION NUMBER	
DECEASED'S PERSONAL DATA	1. NAME OF DECEASED—FIRST (Given) DANIEL		2. MIDDLE RAYMOND		3. LAST (Family) SMUDSKI		
	AKA, ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy 01/31/1944		5. AGE Yrs. <input type="checkbox"/> Under One Year <input type="checkbox"/> Under 24 Hours	
	9. BIRTH STATE/FOREIGN COUNTRY MO		10. SOCIAL SECURITY NUMBER [REDACTED] 1078		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED
	13. EDUCATION—Highest Level/Degree (see worksheet on back) MASTER'S		14/15. WAS DECEASED HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEASED'S RACE—Up to 3 races may be listed (see worksheet on back) WHITE, CAUCASIAN		7. DATE OF DEATH mm/dd/yyyy 06/25/2023
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION 20			8. HOUR (24 Hours) 1621
20. DECEASED'S RESIDENCE (Street and number, or location) 210 WEBB DRIVE		21. CITY WHEATLAND		22. COUNTY/PROVINCE YUBA		23. ZIP CODE 95692	
24. YEARS IN COUNTY 10		25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP DARLENE D. SMUDSKI, SPOUSE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 210 WEBB DRIVE, WHEATLAND, CA 95692
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP—FIRST DARLENE		29. MIDDLE D.		30. LAST (BIRTH NAME) DAVIS		
	31. NAME OF FATHER/PARENT—FIRST RAYMOND		32. MIDDLE -		33. LAST SMUDSKI		34. BIRTH STATE PA
	35. NAME OF MOTHER/PARENT—FIRST LOIS		36. MIDDLE -		37. LAST (BIRTH NAME) ESTES		38. BIRTH STATE AK
	39. DISPOSITION DATE mm/dd/yyyy 07/13/2023		40. PLACE OF FINAL DISPOSITION RESIDENCE OF DARLENE SMUDSKI 210 WEBB DRIVE, WHEATLAND, CA 95692				
FUNERAL DIRECTORY / LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) CREMATE/RESIDENCE		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED			43. LICENSE NUMBER -	
	44. NAME OF FUNERAL ESTABLISHMENT ST. MARY CEMETERY AND FUNERAL CENTER		45. LICENSE NUMBER FD2263		46. SIGNATURE OF LOCAL REGISTRAR ▶ ROBERT LEE OLDHAM, MD		47. DATE mm/dd/yyyy 07/13/2023
	101. PLACE OF DEATH STERLING COURT AT ROSEVILLE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> FR/OP <input type="checkbox"/> DDA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other		
PLACE OF DEATH	104. COUNTY PLACER		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 100 STERLING COURT			106. CITY ROSEVILLE	
	107. CAUSE OF DEATH Enter the chain of events—DISEASES, INJURIES, OR COMPLICATIONS—that directly caused death. DO NOT enter terminal events such as CARDIAC ARREST, RESPIRATORY ARREST, OR SURVIVAL FORSAKE OR WITHOUT SHOWING THE AETIOLOGY. DO NOT ABBREVIATE.		108. DEATH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		109. BIOPSY PERFORMED? (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIAC ARREST		Time Interval Between Onset and Death 5 SECS		110. AUTOPSY PERFORMED? (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) CHRONIC OBSTRUCTIVE PULMONARY DISEASE		5 YRS		111. USED IN DETERMINING CAUSE? (D) YES <input type="checkbox"/> NO <input type="checkbox"/>		
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN '107 NONE		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113A. DECEASED PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		
	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: Decedent Last Seen: Alive		115. SIGNATURE AND TITLE OF CERTIFIER ▶ ESTELITA LIMBO CARANDANG, MD		116. LICENSE NUMBER A35825		117. DATE mm/dd/yyyy 07/13/2023
PHYSICIAN'S CERTIFICATION	(A) mm/dd/yyyy 04/21/2023		(B) mm/dd/yyyy 06/25/2023		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ESTELITA LIMBO CARANDANG, MD 1460 N CAMINO ALTO STE 109, VALLEJO, CA 94589		
	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120. INJURED AT WORK? MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Could not be determined <input type="checkbox"/> Investigation <input type="checkbox"/>		121. INJURY DATE mm/dd/yyyy		
	122. HOUR (24 Hours) 1621		122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		
	124. LOCATION OF INJURY (Street and number, or location, and city, and zip)		125. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		
126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF PLACER



000671915

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

DATE ISSUED

07/21/2023

Robert L. Oldham MD
ROBERT L. OLDHAM, MD

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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