

APN: 1220-21-510-046

Recording Requested By:  
Robert P. Huckaby, Attorney at Law

When Recorded Mail To:

Frank A. Yarwasky  
1229 Springtime Dr.  
Gardnerville, NV 89460



00184460202410106320030037

SHAWNYNE GARREN, RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF CALIFORNIA )  
COUNTY OF EL DORADO ) SS.

FRANK A. YARWASKY, of legal age, being first duly sworn, deposes and says:

That CAROLYN JUNE YARWASKY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as

CAROLYN J. YARWASKY named as one of the parties in that certain Grant, Bargain, Sale Deed dated March 24, 2004, executed by JOANNE B. NUNES, an unmarried woman, and GLADYS MATHERS, a single woman, to FRANK A. YARWASKY and CAROLYN J. YARWASKY, husband and wife as joint tenants with right of survivorship, recorded on 4/28/2004 as Instrument 0611556 in Book 0404 at Page 13867, Douglas County Official Records,

covering the following described real property situated in the County of Douglas, State of Nevada, commonly known as 1229 Springtime Drive, Gardnerville, Nevada, and more particularly described as:

Lot 106, as shown on the Official Map of Gardnerville Ranchos Unit No. 6, filed in the Office of the Douglas County Recorder on May 29, 1973, as Document No. 66512

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I certify this document does not contain the social security number of any person.

*Frank A. Yarwasky*  
Frank A. Yarwasky

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JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

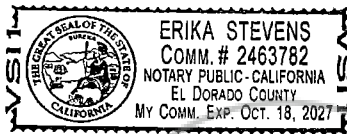
STATE OF CALIFORNIA            )  
COUNTY OF EL DORADO        )     SS.

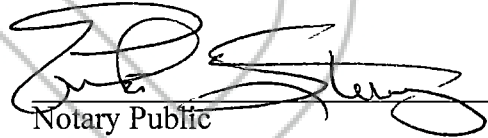
Subscribed and sworn to (or affirmed) before me

on this 31 day of July, 2021,

by Frank Angelo Yarwasky,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



  
Notary Public

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

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

CASE FILE NO. 4266676

**CERTIFICATE OF DEATH**

2022004083  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Carolyn June YARWASKY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 08, 2022</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Sparks</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) <b>Northern Nevada Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Intensive Care Unit (ICU)</b>	
DECEDENT	4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>70</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>September 21, 1951</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>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Frank Angelo YARWASKY</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>1715</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Charles ROGERS</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>June Carol REINKE</b>		15a. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
	18a. INFORMANT- NAME (Type or Print) <b>Frank Angelo YARWASKY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1229 Spring Time Dr Gardnerville, Nevada 89460</b>			
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN THOMAS</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
CERTIFIER	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>ARSHAVIR ARTASHESYAN 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>February 10, 2022</b>		21c. HOUR OF DEATH <b>00:54</b>		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Arshavir Artashesyan MD 2375 E Prater Way Sparks, NV 89434</b>		23b. LICENSE NUMBER <b>19823</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></b>	
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>KATHERINE J SULLIVAN</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 16, 2022</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Acute Respiratory Distress Syndrome</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Pneumonia</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>COVID-19</b> DUE TO, OR AS A CONSEQUENCE OF: (d)		Interval between onset and death <b>Weeks</b>		Interval between onset and death <b>Weeks</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Pulmonary Embolism, Gastrointestinal Bleeding</b>		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	
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		



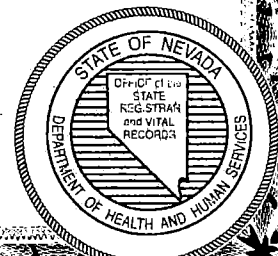
CERTIFIED COPY OF VITAL RECORDS

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.

*Cody J. Phinney*  
STATE REGISTRAR

DATE ISSUED: 9/21/2023

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE