

APN: 1220-16-116-014

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



When Recorded Mail To:

SHAWNYNE GARREN, RECORDER

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

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF CALIFORNIA) SS.
COUNTY OF EL DORADO)

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 May 6, 2004, executed by LYNNE CAULEY, an unmarried woman, and DONALD L. ROOKER and TONI M. ROOKER, husband and wife, to FRANK A. YARWASKY and CAROLYN J. YARWASKY, husband and wife as joint tenants, recorded on 5/13/2004 as Instrument 0613004 in Book 0504 at Page 05713, Douglas County Official Records,

covering the following described real property situated in the County of Douglas, State of Nevada, commonly known as 1386 Kimmerling, Gardnerville, Nevada, and more particularly described as:

Lot 14, as shown on the Final Map for Hidden Creek, filed in the Office of the Douglas County Recorder on April 11, 1995, in Book 495, at Page 1452, as Document No. 359824

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

Frank A. Yarwasky
Frank A. Yarwasky

APN: 1220-21-510-046

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.

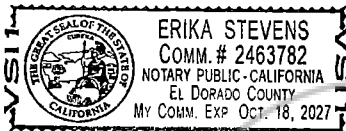
STATE OF CALIFORNIA)
COUNTY OF EL DORADO) SS.

Subscribed and sworn to (or affirmed) before me

on this 31 day of July, 2024,

by Franks Angelo Yawwasky.

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) Carolyn June YARWASKY		2. DATE OF DEATH (Mo/Day/Year) February 08, 2022		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Sparks		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) Northern Nevada Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Intensive Care Unit (ICU)	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic No		7a. AGE-Last birthday (Years) 70	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 MIN MIN	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Frank Angelo YARWASKY			
PARENTS	13. SOCIAL SECURITY NUMBER -1715		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) SENIOR TECHNICIAN		14b. KIND OF BUSINESS OR INDUSTRY INFORMATION TECHNOLOGY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1229 Spring Time Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles ROGERS	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) June Carol REINKE		18a. INFORMANT- NAME (Type or Print) Frank Angelo YARWASKY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1229 Spring Time Dr Gardnerville, Nevada 89460	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) ARSHAVIR ARTASHESYAN MD		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) February 10, 2022		21c. HOUR OF DEATH 00:54		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) Arshavir Artashesyan MD 2375 E Prater Way Sparks, NV 89434		23b. LICENSE NUMBER 19823			
CAUSE OF DEATH	24a. REGISTRAR (Signature) KATHERINE J SULLIVAN		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 16, 2022		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	24c. SIGNATURE AUTHENTICATED					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		(a) Acute Respiratory Distress Syndrome		Interval between onset and death Weeks	
	(b) Pneumonia		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Weeks	
(c) COVID-19		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Weeks		
(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. Pulmonary Embolism, Gastrointestinal Bleeding		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.		28h. CITY OR TOWN STATE		



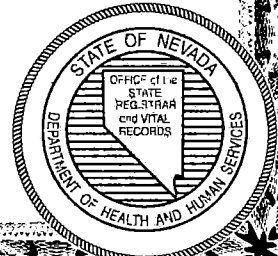
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: 9/21/2023

Cody J. Phinney
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE