DOC # 0639722 03/22/2005 10:46 AM Deputy: KLJ OFFICIAL RECORD Requested By: HENRY W CAVALLERA

Mail Tax Statements and When Recorded Mail To:

CHARLES E. COCKEY 614 Joette Drive Gardnerville, NV 89410

A.P.N. <u>29-292-21</u> 1220-21-8/0-008 Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
RK-0305 PG- 9499 RPTT: 0.00



AFFIDAVIT OF DEATH

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

CHARLES E. COCKEY, spouse of the deceased, does hereby swear under penalty of perjury that the assertions of this affidavit are true and deposes and says that Affiant is over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

- 1. I am the surviving spouse of JUNE V. COCKEY, the deceased community property owner in the property described herein.
- 2. The community property with right of survivorship was created by a Individual Grant Deed recorded on April 9, 1996, as Document No. 385103, of the records of the office of the County Recorder of Douglas, State of Nevada.

The description of the real property is as 3. follows:

> Lot 115, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the Office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72456.

The deceased spouse's name is JUNE V. COCKEY, who 4. died on October 16, 2004, at Sparks, Washoe County, Nevada. A certified copy of the death certificate is attached hereto as if set forth in full herein.

DATED this 7 day of MARCH

CHARLES É. COCKE

SUBSCRIBED and SWORN TO before me this 7th day of March 2005.

NOTARY PUBLIC in and for said County and State.

ADRIENNE THUNDER Notary Public - State of Nevada Appointment Number 99-50322-2 My Appt. Expires Jan. 1, 2007

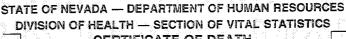
Page 2

BK- 0305 PG- 9500

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT VITAL STATISTICS Reno, Nevada

Deputy Registrar:

WARNING: IT IS ILLEGAL TO



i Bust	LOCAL FILL WOMELIN	2743	CERTIFICATE (STATE FILE NUMBER
r	DECEASED-NAME First	Middle	Last	DATE OF DEATH	Carlo Control	andan ing L
NT	1. June	V.	COCKEY		r 16, 2004 If Hosp, or Inst. indicate DOA	3a. Washoe
łK	CITY, TOWN OR LOCATION OF DEATH	R-7 - 1801 bet 2 4 4	HER INSTITUTION—Name (II not sitt	ner, give street and number)	Rm. inpatient (Specify)	
1	ж. Sparks		East Prater Way	AGE—Last UNDER 1	GEAR UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.
41	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	specify Mexican, Cuban, Pr 6.	uerto Rican, etc.	Birthday (Years) MOS : D 7a. 83 7b. :	AYS HOURS MINS	sJanuary 27, 19
i de la compania del compania de la compania de la compania del compania de la compania del compa	STATE OF BIRTH (If not U.S.A., name country) 9a. Montana	CITIZEN OF WHAT CO	grade completed. 10. 13 Years	(Specify) Ma	rried 12C	harles E. Cock
OK .	SOCIAL SECURITY NUMBER	USUAL OCCUPATION Working Life, Even if R	(Give Kind of Work Done During Mos letired)	t of KIND OF BUSI	VESS OR INDUSTRY	
DF NAS	13. 55. 55. 53.90	14a.	Homemaker	The state of the s	Home	
, kana	RESIDENCE—STATE COL	UNTY	CITY, TOWN, OR LOCATION	.aa 8 tu (4 € 10 €)	T AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
	15a. Nevada 15b.	Douglas	15c. Gardnervi		14 Joette Dr	
<u> </u>	FATHER—NAME First	Middle	Last MOTH	KER-MAIDEN NAME F	irst Middl	
ह्य	16. John	0.	McDonald 17.	Bertha		Goldsworth
	INFORMANT-NAME (Type or Print)		MAILING ADDRESS		.F.D. No., City or Town, State	
	18a Charles E. Coc	key - Husban		ette Drive, Ga		NV 89460
	BURIAL, CREMATION, REMOVAL, OTH	HER (Specify) CEME	TERY OR CREMATORY—NAME			or Town State
al a	19a. Removal/Entomb	ment 19b.	Inglewood Park (Cemetery	19c. Ingle	wood, Californ
0[X]	FUNERAL-DIRECTOR-SIGNATURE	FUNE	RAL DIRECTOR NAME AND ADDI	RESS OF FACILITY Fit:	Henry's Fune	ral Home
	(Or Person Acting as Such) 20a.	29b.	017 000 17	. Edmonds Driv	re, Carson Ci	ty, NV 89701
\rightarrow	and the standard and an alternative form	e, death occurred at the turne.		22a. On the basis of	f examination and/or investigate and place and due to the ca	tion, in my opinion death occurre
- F4	due to the cause(s) stated.		/	8		1036/a) the member series
8 8	ច្ចាប់ (Signature and Title) 🗸 🖊	A Checks	FOREATH	DATE SIGNED (MC		OF DEATH
4			820	dwo 22b.	22c.	tai Kalari
	8 21b. / 0 / 9 / 0	YSICIAN IF ÖTHER THAN CI	The state of the s	PRONOUNCED DE	, and the second second	OUNCED DEAD (Hour)
	DATE SIGNED (Mo., Day, Y	ISICIAN IF OTHER THAIR OF	Trial Eligippe of Trials	₽ ^C		
	5 21d.	SECTION OF COURT AT	TENDING PHYSICIAN, MEDICAL EX	22d. ON	22e. /	AT. LICENSE NUMBER
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	23a Denver Mi	ller, M.D.,	50 Kirman Ave.	#ZUD, KENO, N ED BY REGISTRAR (Mo., Day,	OSOUZ	
ıs	REGISTRAR 1001	11 Addiese	7.			
/E]	24a. (Signature)	ay annous		ber 19, 2004	24c. YES NO	
	25. IMMEDIATE CAUSE (ENTER	ONLY ONE CAUSE PER LY	TE FOR (a), (b), AND (c).)	aritha da k		Interval between onset and de
Æ	PART (a) (PA) d	ine / (1)	nest			: Meneute
G IT	DUE TOTOR AS A CON					Interval between onset and de
1253	(Cardi	ac an	Albania			weeks
	DUE TO, OR AS A CON	NSEQUENCE OF:			A	Interval between onset and de
	1 (600	or Th	Stricture	DIDMERCA	L. Mereca	o Means
o F	(c) V V V V	IDITIONS—Conditions contrik	outing to death but not resulting in the	inderlying cause given in Part 1	. AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO
	PART OFFICE SIGNIFICANT CON		Marine Indian Principal Pr	- 2014 - 102 3	26. no	CORONER (Specify Yes or No. 27. TIO
	ACC., SUICIDE, HOM., UNDET., DA	TE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY DESCR	IBE HOW INJURY OCCURRED	1	1 77 77
	OR PENDING INVEST.	IL OF MICONTE PRICE, 2007				
V	(Specify) 28t		28c. M 28d. farm, street, factory, office LCCATI	ION. STREET OR	ED No CITY C	R TOWN STATE
. Th. N	U RY AT WORK PL	ACE OF INJURY—At home, to building, etc.	(Specify)	IUN. STREET ON	(,r.b. 140.	
	OF COUA 281		28g.			
		- Page 4 5 - 1 - 2013 - 1 - 1 - 1				да на пач
S		// / / b		Magazin Maring and Mile	NIA	2///////
		STATE	REGISTRAR	Market Baltaria (1967) Santaria	No	. 274447

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