

15

RECORDING REQUESTED BY:  
We The People

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 2 Fee: 15.00  
BK-0406 PG- 630 RPTT: 0.00

✓ WHEN RECORDED MAIL TO:  
Tomiko Cooper  
3523 Smoketree Ave.  
Carson City, NV 89705



## AFFIDAVIT - DEATH OF JOINT TENANT

APN: 21-307-14  
1420-07-712-007  
State of Nevada }  
County of Carson }

Tomiko Cooper, of legal age, being first duly sworn, deposes and says:

That Austin William Cooper, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Austin W. Cooper named as one of the parties in that certain deed dated April 28, 1994, executed by Keuper Kuston Homes, Inc., to Austin W. Cooper and Tomiko Cooper, Husband and Wife as Joint Tenants, recorded as Instrument No. 336459, on April 29, 1994, in Douglas County, Nevada.  
Commonly known as: 3523 Smoketree Ave., Carson City, NV 89705

Described as:

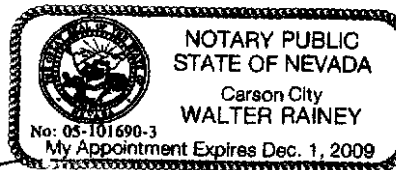
Lot 8, in Block D, of the final map of SUNRIDGE HEIGHTS II, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 30, 1193, as Document No. 311338.

With all appurtenances, subject to covenants, easements and restrictions of record.

Date MARCH 1<sup>st</sup> 2006 *Tomiko Cooper*  
Tomiko Cooper

SUBSCRIBED AND SWORN TO (or affirmed)  
before me, on this 1<sup>st</sup> day of MARCH, 2006  
by Tomiko Cooper,

Personally known to me  
 Proved to me on the basis of satisfactory evidence  
to be the person who appeared before me.



MARCH 1<sup>st</sup> 2006  
Date

*Walter Rainey*  
Signature of Notary Public

# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

## VITAL STATISTICS

### Reno, Nevada

2005003229

#### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

	LOCAL FILE NUMBER			STATE FILE NUMBER		
TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First Middle Last <b>Austin William COOPER</b>			DATE OF DEATH (Month, Day, Year) <b>2 November 15, 2005</b>		COUNTY OF DEATH <b>3a. Washoe</b>
	CITY, TOWN OR LOCATION OF DEATH <b>3b. Reno</b>			HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) <b>3c. Tahoe Pacific Hospital</b>		If Hosp. or Inst. Indicate DOA, QF/Emer. Rm. Inpatient (Specify) <b>3d. Inpatient</b>
DECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>5. White</b>		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no. If yes, specify Mexican, Cuban, Puerto Rican, etc. <b>6.</b>	AGE—Last Birthday (Years) <b>7a. 76</b>	UNDER 1 YEAR MOS : DAYS <b>7b.</b>	UNDER 1 DAY HOURS : MINS <b>7c.</b>
	STATE OF BIRTH (If not U.S.A., name country) <b>8. Pennsylvania</b>		CITIZEN OF WHAT COUNTRY <b>9a. U.S.A.</b>	Decedent's Education. Specify highest grade completed. <b>10. 16</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>11. Married</b>	DATE OF BIRTH (Mo., Day, Yr.) <b>8. August 26, 1929</b>
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE NEWS	SOCIAL SECURITY NUMBER <b>13. ██████████ 7969</b>		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>14a. Manager</b>		KIND OF BUSINESS OR INDUSTRY <b>14b. Telecommunications</b>	
	RESIDENCE—STATE <b>15a. Nevada</b>	COUNTY <b>15b. Douglas</b>	CITY, TOWN, OR LOCATION <b>15c. Carson City</b>		STREET AND NUMBER <b>15d. 3523 Smoketree</b>	INSIDE CITY LIMITS (Specify Yes or No) <b>15e. Yes</b>
PARENTS	FATHER—NAME First Middle Last <b>16. William E. Cooper</b>			MOTHER—MAIDEN NAME First Middle Last <b>17. Anna Mae Hand</b>		
	INFORMANT—NAME (Type or Print) <b>18a. Rudy Cooper</b>			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>18b. 12523 Spring Creek Rd., Moorpark, California 93021</b>		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>19a. Burial</b>		CEMETERY OR CREMATORY—NAME <b>19b. Riverside National Cemetery</b>		LOCATION City or Town State <b>19c. Riverside, California</b>	
	FUNERAL DIRECTOR—SIGNATURE (Or Pastor Acting as Such) <b>20a. [Signature]</b>		FUNERAL DIRECTOR LICENSE NUMBER <b>20b. 217</b>	NAME AND ADDRESS OF FACILITY <b>20c. FitzHenry's Funeral Home 833 N. Edmonds Dr., Carson City, Nevada 89701</b>		
CERTIFIER	21a. I, the certifier, being a physician, certify that on the basis of my knowledge, death occurred at the time, date and place and (due to the cause(s) stated). (Signature and Title) <b>[Signature]</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) and manner stated. (Signature and Title) <b>[Signature]</b>		
	DATE SIGNED (Mo., Day, Yr.) <b>21b. November 21, 2005</b>		HOUR OF DEATH <b>21c. 2115</b>		DATE SIGNED (Mo., Day, Yr.) <b>22b. November 21, 2005</b>	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>21d.</b>			PRONOUNCED DEAD (Mo., Day, Yr.) <b>22c. November 15, 2005</b>		PRONOUNCED DEAD (Hour) <b>22d. 2115</b>
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>23a. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520</b>			LICENSE NUMBER <b>23b. WCC S.35</b>		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR <b>24a. [Signature]</b>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>24b. November 22, 2005</b>	DEATH DUE TO COMMUNICABLE DISEASE <b>24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
CAUSE OF DEATH	PART 1 <b>(a) Pneumonia with sepsis</b> DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
	PART 2 <b>(b) Quadriparesis and immobility</b> DUE TO, OR AS A CONSEQUENCE OF: <b>Degenerative disease of the spine with probable spinal cord</b>			Interval between onset and death		
	PART 3 <b>(c) compression</b>			Interval between onset and death		
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.			AUTOPSY (Specify Yes or No) <b>26. No</b>		WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>27. Yes</b>	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>28a.</b>	DATE OF INJURY (Mo., Day, Yr.) <b>28b.</b>	HOUR OF INJURY <b>28c. M</b>	DESCRIBE HOW INJURY OCCURRED <b>28d.</b>			
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>28f.</b>	LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE <b>28g.</b>					

STATE REGISTRAR

No. 325226

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: Mary A. Anderson

Date: DEC 15 2005

WARNING: IT IS ILLEGAL TO



BK- 0406  
PG- 631