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DOC # 0679043
07/07/2006 10:11 AM Deputy: PK

OFFICIAL RECORD
Requested By:
DAVID G OREN

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 2 Fee: 15.00
BK-0706 PG-1907 RPTT: 0.00



A.P.N.: 1420-33-310-017
File No:

When Recorded return to, and mail Tax Statements to:
✓ David G Oren
1261 Conestoga Drive
Minden, NV 89423

AFFIDAVIT - TERMINATING JOINT TENANCY

David G Oren, of legal age, being first duly sworn, deposes and says:

That **Cookie C Oren**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Cookie C Oren** named as one of the parties in that certain **Grant Bargain and Sale Deed** dated **August 17, 2004** executed by **First American Title** to **David G Oren and Cookie C Oren** as joint tenants, recorded as Document No. **0621607** on **August 17, 2004** in Book **0804** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada**:

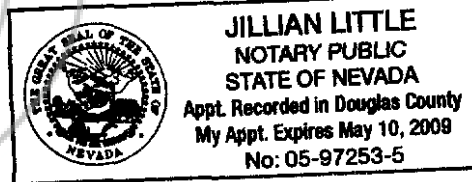
Date 6-19-'06

STATE OF **NEVADA**)
) :ss.
COUNTY OF **DOUGLAS**)

This instrument was acknowledged before me on
6/19/06 by DGO

David G. Oren
Jillian Little
Notary Public

(My commission expires: May 10, 2010)



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

2006001509

	LOCAL FILE NUMBER			STATE FILE NUMBER			
TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last Mary C. OREN			DATE OF DEATH (Month, Day, Year) 2 May 29, 2006		COUNTY OF DEATH 3a. Washoe	
	CITY, TOWN OR LOCATION OF DEATH 3b. Reno			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center		SEX 4. Female	
DECEDENT	RACE—(e.g. White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. A	AGE—Last Birthday (Years) 7a. 57	UNDER 1 YEAR MOS : DAYS 7b.	UNDER 1 DAY HOURS : MINS 7c.	
	DATE OF BIRTH (Mo., Day, Yr.) 8. June 25, 1948		CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education—Specify highest grade completed. 10. 20	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. David Oren	
F DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER 13. [REDACTED] 8979		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. AYSO Administrator		KIND OF BUSINESS OR INDUSTRY 14b. Sports		
	RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Minden		STREET AND NUMBER 15d. 1261 Conestoga Dr	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
PARENTS	FATHER—NAME First Middle Last 16. Charles Moorhead			MOTHER—MAIDEN NAME First Middle Last 17. Margaret May			
	INFORMANT—NAME (Type or Print) 18a. Bethany Edeen, Daughter			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 205 Arrowhead Ct., South Lake Tahoe, CA, 96150			
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR OPERATORY—NAME 19b. FitzHenry's Crematory		LOCATION City or Town State 19c. Carson City Nevada		
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		FUNERAL DIRECTOR OR LICENSE NUMBER 20b. 247		NAME AND ADDRESS OF FACILITY 20c. FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395 Gardnerville, Nevada 89410		
CERTIFIER	21a. The best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature]			22a. On the basis of examination and/or investigation, in my clinical death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) [Signature]			
	DATE SIGNED (Mo., Day, Yr.) 21b. 6.5.06		HOUR OF DEATH 21c. 0700		DATE SIGNED (Mo., Day, Yr.) 22b.		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			PRONOUNCED DEAD (Mo., Day, Yr.) 22c. AT		HOUR OF DEATH 22d.	
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 21e. David Leppia MD, 85 Kirman #202 Reno, Nevada 89502			LICENSE NUMBER 21f. 11236			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR 23a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 23b. June 6, 2006		DEATH DUE TO COMMUNICABLE DISEASE 23c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						
CAUSE OF DEATH	(a) Respiratory failure				Interval between onset and death 10 days		
	(b) Spontaneous intracranial hemorrhage				Interval between onset and death		
	(c) Brain tumor				Interval between onset and death		
PART 1. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.				ALTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No	
ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.				
PLACE OF INJURY—If home, farm, street, factory, office building, etc. (Specify) 28e.	LOCATION 28f.	STREET OR R.F.D. No. 28g.	CITY OR TOWN 28h.	STATE 28i.			

STATE REGISTRAR

No. 338571

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: **JUN 8 2006**

WARNING: IT IS ILLEGAL TO ALTER

