

APN#: 1420-33-310-017

Recording Requested By:
Western Title Company, Inc.

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0107 PG- 1881 RPTT: 0.00



When Recorded Mail To:
WESTERN TITLE COMPANY
1626 HWY 395
MINDEN, NV 89423
89423

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.
(Per NRS 239B.030)

Anne Wright Anne Wright Escrow Agent
Signature Print name Title

AFFIDAVIT-DEATH OF JOINT TENANT

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

APN: 1420-33-310-017

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

Name DAVID G. OREN
Street 1261 Conestoga Dr.
Address
City, State Minden, NV 89423
Zip

Order No. 004521-LMS

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

AFFIDAVIT - DEATH OF JOINT TENANT

DAVID G. OREN, of legal age, being first duly sworn, deposes and says:

That COOKIE C. OREN AKA MARY C. OREN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as COOKIE C. OREN AKA MARY C. OREN named as one of the parties in that certain GRANT BARGAIN AND SALE DEED dated 05/22/2004 executed by COOKIE C. OREN to DAVID G. OREN AND COOKIE C. OREN as joint tenants, recorded as instrument No. 0621607, on 08/17/2004, in Book 0706, Page 1907 of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:


Lot 194 in Block D, as shown on the Final Map of WILDHORSE UNIT 5, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on January 27, 1993 in Book 193, Page 3866, as Document No. 298258, of Official Records of Douglas County, Nevada.



Affidavit - Death of Joint Tenant - Page 2

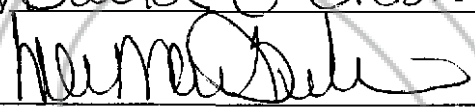
That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ \$0.00.

Dated 1/3/06




DAVID G. OREN
Surviving Joint Tenant

STATE OF NEVADA }SS
COUNTY OF Douglas

This instrument was acknowledged before me on
by David G OREN


Notary Public

 LORI MAE SILVA
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 97-2081-5 - Expires April 26, 2009

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	DECEASED—NAME 1. Mary C. OREN	DATE OF DEATH (Month, Day, Year) 2. May 29, 2006	STATE FILE NUMBER	COUNTY OF DEATH 3. Washoe
OCCURRENT	CITY, TOWN OR LOCATION OF DEATH 5. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number) 3. Washoe Medical Center		SEX 4. Female
	RACE—(Do not check British Indian, Mexican, or other race) 6. White		AGE—Last Birthday (Years) 7a. 74	UNDECEASED 8. 74	DATE OF BIRTH (Month, Day, Year) 9. June 25, 1931
FEDERAL SOCIAL SECURITY NUMBER	STATE OF BIRTH (If not U.S.A., name country) 11. Colorado		CITIZEN OF WHAT COUNTRY 12. U.S.A.	EDUCATION—Specify highest grade completed 13. 20	
	SOCIAL SECURITY NUMBER 14. [REDACTED]		USUAL OCCUPATION (Do not include Work Done During Part of Working Life, Even if Retired) 15. AYSO Administrator		MARRIAGE STATUS 16. Married
PARENTS	RESIDENCE—STATE 17a. Nevada		COUNTY 17b. Douglas	CITY, TOWN OR LOCATION 17c. Minden	
	FATHER—NAME 18. Charles Moorhead		MOTHER—MAIDEN NAME 19. Margaret May		STREET AND NUMBER 17d. 154-1761 Conestoga Dr
DISPOSITION	DEFORMANT—NAME (Type or Print) 10a. Bethany Edeen, Daughter		MAILING ADDRESS 10b. 2055 Arrowhead Cr. South Lake Tahoe, CA 96150		
	MARRIAGE, DIVORCE, REMARRIAGE, OTHER (Specify) 10c. Cremation		CREMATORY OR CEMETERY—NAME 10d. FitzHenry's Crematory		LOCATION 10e. Carson City, Nevada
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (If Person Performing Service) 20. <i>[Signature]</i>		FUNERAL DIRECTOR'S NAME AND ADDRESS OF OFFICE 21. FitzHenry's Carson Valley Funeral Home, 1380 Hwy. 395 Gardnerville, Nevada 89410		
	DATE SIGNED (Month, Day, Year) 21b. 6-5-06		HOUR OF DEATH 21c. 0700		DATE WHEN DECEASED (Month, Day, Year) 22. [REDACTED]
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (Physician, Attending Physician, Medical Examiner, or Coroner) (Type or Print) 23. David Lennola MD, 85 Kirtman #202 Reno, Nevada 89502		LICENSE NUMBER 23d. 11236		
	REGISTRAR 24. <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Month, Day, Year) 24b. June 6, 2006		DEATH DUE TO ACCIDENTAL CAUSES 24c. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CAUSE OF DEATH	IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART: (a) Respiratory failure		PERIOD OF INCUBATION (Specify) 25. 10 days		
	(b) Spontaneous intracranial hemorrhage				
(c) Brain tumor					
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not recoding in the underlying cause given in Part 1. 26. No		AUTOPSY—(Specify Yes or No) 27. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 28. No	
AGE, SEX, RACE, HONORARY RESIDENT, OR FOREIGN BIRTH 29. [REDACTED]		DATE OF INJURY (Month, Day, Year) 30a. [REDACTED]		HOUR OF INJURY 30b. [REDACTED]	
PLACE OF INJURY—(At home, care, school, factory, etc.) 31. [REDACTED]		LOCATION 32. [REDACTED]		STREET OR R.F.D. No. 33. [REDACTED]	
CITY OR TOWN 34. [REDACTED]		STATE 35. [REDACTED]		CITY OR TOWN 36. [REDACTED]	



STATE REGISTRAR

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

Deputy Registrar: *Mary J. Anderson*

No. 338571

Date: JUN 8 2006

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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 PG-188A
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 01/08/2007