

16-

OFFICIAL RECORD

Requested By:
EILEEN PAGE

| | |
|--|-----------------|
| A.P.N. # | 1420-33-111-044 |
| Recording Requested By: | |
| Eileen Page 1259 Bronco Circle Minden, NV 89423 | |
| Mail Tax Statements To: | Same as below |
| When Recorded Mail To: | |
| Eileen Paige 1259 Bronco Circle Minden, NV 89423 | |

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0508 PG- 2732 RPTT: 0.00



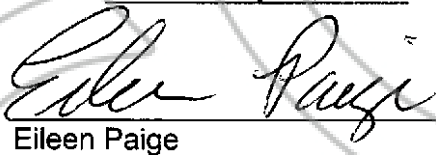
AFFIDAVIT - DEATH OF JOINT TENANT

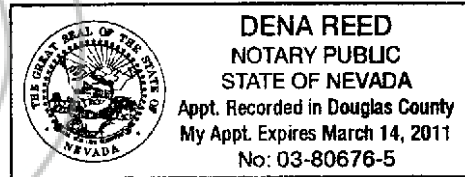
State of Nevada }
 } ss.
 County of Douglas }

Eileen Paige, of legal age, being first duly sworn, deposes and says: That Loran John Paige, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Loran John Paige named as one of the parties in that certain Individual Grant Deed dated July 11, 1996 executed by Jean Paul Marquis and Gisele Marquis to Loran John Paige and Eileen Paige as joint tenants, recorded as Document No. 392141, on July 16, 1996 in Book 0796, Page No. 2402 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

Dated: May 13, 2008

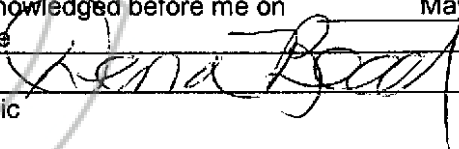

 Eileen Paige



State of NV }
 } ss.
 County of Douglas }

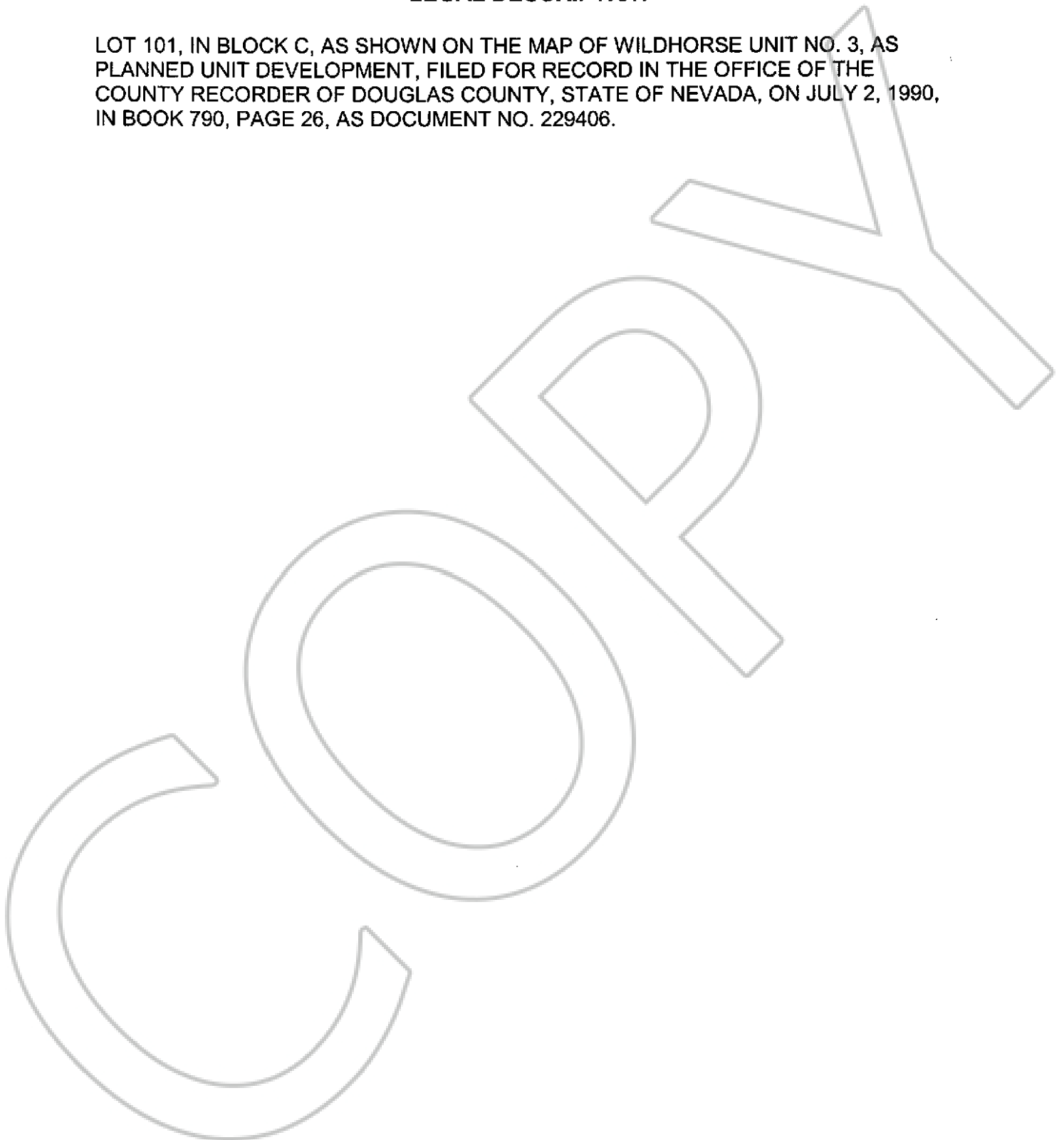
This instrument was acknowledged before me on May 13, 2008

By: Eileen Paige

Signature: 
 Notary Public

**Exhibit A
LEGAL DESCRIPTION**

LOT 101, IN BLOCK C, AS SHOWN ON THE MAP OF WILDHORSE UNIT NO. 3, AS
PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE
COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JULY 2, 1990,
IN BOOK 790, PAGE 26, AS DOCUMENT NO. 229406.



(One Inch Margin on all sides of Document for Recorder's use Only)

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BK- 0508
PG- 2733

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2007001881
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|---|----------------------------------|--|--|--|--|
| 1a. DECEASED-NAME FIRST Loran | | | 1b. MIDDLE John | | | 1c. LAST PAIGE | | | 2. DATE OF DEATH (Mo/Day/Year) April 19, 2007 | | | 3a. COUNTY OF DEATH Carson City | | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Carson City | | | | 3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Carson Tahoe Regional Medical Center | | | | 3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. (Inpatient Specify) Emergency Room / Outpatient | | | | 4. SEX Male | | |
| 5. RACE - (e.g., White, Black, American Indian) (Specify) White | | | 6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic | | | 7a. AGE-Last birthday (Years) 59 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | | 8. DATE OF BIRTH (Mo/Day/Yr) June 01, 1947 | | |
| 9a. STATE OF BIRTH (If not U.S.A., name country) Illinois | | | 9b. CITIZEN OF WHAT COUNTRY United States | | | 10. EDUCATION 17 | | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | | 12. SURVIVING SPOUSE (if wife, give maiden name) Eileen K O'DONNELL | | | |
| 13. SOCIAL SECURITY NUMBER [REDACTED] 3391 | | | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Pharmacist | | | | 14b. KIND OF BUSINESS OR INDUSTRY Pharmacy Retail | | | | | | |
| 15a. RESIDENCE - STATE Nevada | | | 15b. COUNTY Douglas | | | 15c. CITY, TOWN OR LOCATION Minden | | | 15d. STREET AND NUMBER 1259 Bronco Circle | | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | |
| 16. FATHER - NAME (First Middle Last Suffix) Michael V PAIGE | | | | | | 17. MOTHER - NAME (First Middle Last Suffix) Helen SEWAK | | | | | | | | |
| 18a. INFORMANT - NAME (Type or Print) Eileen K O'DONNELL | | | | | | 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1259 Bronco Circle Minden, Nevada 89423 | | | | | | | | |
| 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) RICK NOEL SIGNATURE AUTHENTICATED | | | | 20b. FUNERAL DIRECTOR LICENSE 620 | | 20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 4th Street Minden NV 89423 | | | | | | | | |
| TRADE CALL - NAME AND ADDRESS | | | | | | | | | | | | | | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) [Signature] | | | | | | 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) RUTH BESELER SIGNATURE AUTHENTICATED | | | | | | | | |
| 21b. DATE SIGNED (Mo/Day/Yr) [Signature] | | | 21c. HOUR OF DEATH | | | 22b. DATE SIGNED (Mo/Day/Yr) April 23, 2007 | | | 22c. HOUR OF DEATH 11:54 | | | | | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | | | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) April 19, 2007 | | | 22e. PRONOUNCED DEAD AT (Hour) 11:54 | | | | | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Ruth Beseler - 901 E Musser St. Carson City, NV 89701 | | | | | | | | | | 23b. LICENSE NUMBER 9307 | | | | |
| 24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED | | | | | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 26, 2007 | | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | | | | | | | | | | | | | |
| PART (a) Hemopericardium | | | | | | | | | | Interval between onset and death | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | | | | Interval between onset and death | | | | |
| (b) Aortic Dissection | | | | | | | | | | Interval between onset and death | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | | | | Interval between onset and death | | | | |
| (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part 1. | | | | | | | | | | Interval between onset and death | | | | |
| 26. AUTOPSY (Specify Yes or No) Yes | | | | | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | | | | | | | | |
| 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. | | CITY OR TOWN | | STATE | | |

STATE REGISTRAR



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142913 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: 04/26/2007

This copy is not valid unless accompanied by the original on engraved border displaying date, seal and signature of Registrar.

PSNCO (Rev) 11/05

STATE REGISTRAR
SIGNATURE AUTHENTICATED

