

OFFICIAL RECORD
Requested By:
PATRICIA FRIED

APN#: 1420-07-717-010

Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 3 Fee: 16.00
BK-1208 PG- 397 RPTT: 0.00



When Recorded Mail To:

Patricia A. Fried
✓ 3463 Vista Grande Blvd
Carson City, NV 89705

Mail Tax Statements to: (deeds only)

N/A

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380)

Signature Patricia A. Fried Owner
Patricia A. Fried Title

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

AFFIDAVIT - DEATH OF JOINT TENANT

Patricia A. Fried, a widow, of legal age, being first duly sworn, deposes and says:

That David L. Fried, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as David L. Fried named as one of the parties in that certain "Individual Grant Deed" dated July 22, 1994, executed by Samuel G. Morgan and Sherry L. Morgan, husband and wife, to David L. Fried and Patricia A. Fried, husband and wife, as joint tenants, recorded as instrument No. 345394, on September 2, 1994, in Book 0994, Page 0295, 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 2, in Block A, as shown on the Plat of HIGHLAND ESTATES UNIT NO. 3, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 2, 1978, in Book 78, Page 130, as Document No. 20213.

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 \$10.00.

Dated: December 2, 2008

Patricia A. Fried

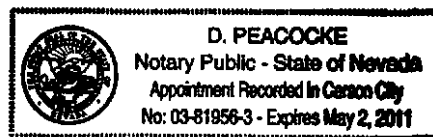
Surviving Joint Tenant

STATE OF NEVADA

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COUNTY OF CARSON CITY

This instrument was acknowledged before me on December 2, 2008, by Patricia A. Fried.



D. Peacocke

Notary Public



BK- 1208
PG- 398

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

CERTIFICATE OF DEATH

2008016893

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) David Louis FRIED		2. DATE OF DEATH (Mo/Day/Year) November 08, 2008		3a. COUNTY OF DEATH Washoe										
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Renown Medical Center Skilled Nursing		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Emergency Room / Outpatient		4. SEX Male								
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 54		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 11, 1954				
	9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Patricia ST. PALLEY						
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER 9390		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Waiter			14b. KIND OF BUSINESS OR INDUSTRY Food Service			Ever in US Armed Forces? No						
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City		15d. STREET AND NUMBER 3463 Vista Grande			15e. INSIDE CITY LIMITS (Specify Yes or No) No					
PARENTS	16. FATHER - NAME (First Middle Last Suffix) Albert FRIED					17. MOTHER - NAME (First Middle Last Suffix) Jean Katherine WOSS									
	18a. INFORMANT - NAME (Type or Print) Patricia FRIED				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3463 Vista Grande Carson City, Nevada 89705										
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Masonic Memorial Gardens,			19c. LOCATION City or Town State Reno Nevada 89503								
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CAROLL DAVID HIGGINS SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE 20		20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502									
TRADE CALL	TRADE CALL - NAME AND ADDRESS														
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)					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) KATHERINE P RAVEN M.D. SIGNATURE AUTHENTICATED									
	21b. DATE SIGNED (Mo/Day/Yr)			21c. HOUR OF DEATH			22b. DATE SIGNED (Mo/Day/Yr) November 13, 2008			22c. HOUR OF DEATH 06:00					
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					22d. PRONOUNCED DEAD (Mo/Day/Yr) November 08, 2008						22e. PRONOUNCED DEAD AT (Hour) 06:00			
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Katherine P Raven M.D. PO Box 11130 Reno, NV 89520								23b. LICENSE NUMBER 8663						
REGISTRAR	24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 14, 2008			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)											Interval between onset and death			
	PART I (a) Multiple visceral lacerations and contusions DUE TO, OR AS A CONSEQUENCE OF: (b) Blunt force injuries of trunk and head DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) 											Interval between onset and death			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II											26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) November 07, 2008		28c. HOUR OF INJURY 2353		28d. DESCRIBE HOW INJURY OCCURRED Driver of automobile that impacted roadway guard rail								
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Highway			28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE Highway 50 at Logan Creek Gardnerville Nevada										

STATE REGISTRAR



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VRS-Rev-2008T

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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.

DEPUTY REGISTRAR

Mary A. Anderson
SIGNATURE AUTHENTICATED

DATE ISSUED: 11/18/2008

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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