

DOC # 793522
12/01/2011 11:54AM Deputy: PK
OFFICIAL RECORD
Requested By:
First American Title Mindel
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-1211 PG-97 RPTT: 0.00



APN# 1022-11-002-023

Recording Requested by:
Name: First American Title Insurance Company
Address: 1673 Lucerne Street, Suite A
City/State/Zip: Minden, NV 89423
Order Number: 143-241533

Affidavit Terminating Joint Tenancy (for Recorder's use only)
(Title of Document)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

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)

-OR-

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 as required by law: NRS 440-380

(State specific law)

Suzanne Cheedha Escrow officer
Signature Title

Suzanne Cheedha
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3200937019036

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
YES I WROTE IN INK

STATE FILE NUMBER		3. LAST (Family)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) FREDERIC		2. MIDDLE WAYNE		3. LAST (Family) KULLENBERG	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 08/24/1936		4. AGE Yrs 73	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED] 9990		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 12/18/2009		8. HOUR (24 Hours) 1400	
13. EDUCATION - Highest Level Degree (see worksheet on back) PROFESSIONAL		14.15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (Print the acronym on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) VETERINARY MEDICINE		19. YEARS IN OCCUPATION 30	
20. DECEDENT'S RESIDENCE (Street and number or location) 4171 GRAY HILLS RD		21. CITY WELLINGTON		22. COUNTY/PROVINCE DOUGLAS	
23. ZIP CODE 89444		24. YEARS IN COUNTY 15		25. STATE/FOREIGN COUNTRY NV	
26. INFORMANT'S NAME, RELATIONSHIP EFFIE A KULLENBERG, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 4171 GRAY HILLS RD, WELLINGTON, NV 89444			
28. NAME OF SURVIVING SPOUSE - FIRST EFFIE		29. MIDDLE ADELE		30. LAST (Maiden Name) LOWARY	
31. NAME OF FATHER - FIRST FRED		32. MIDDLE JEROME		33. LAST KULLENBERG	
34. NAME OF MOTHER - FIRST MARIAN		35. MIDDLE LOUISE		36. LAST (Maiden) KELLY	
37. BIRTH STATE TX		38. BIRTH STATE MA			
39. DISPOSITION DATE mm/dd/yyyy 12/28/2009		40. PLACE OF FINAL DISPOSITION AT SEA OFF THE COAST OF SAN DIEGO COUNTY			
41. TYPE OF DISPOSITION(S) CR/SEA		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT EL CAMINO MEMORIAL-PB		45. LICENSE NUMBER FD-815		46. SIGNATURE OF LOCAL REGISTRAR WILMA WOOTEN, MD	
47. DATE mm/dd/yyyy 12/24/2009					
101. PLACE OF DEATH SCRIPPS GREEN HOSPITAL LA JOLLA		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> SUIC <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Mxclia <input type="checkbox"/> Nursing Home, etc <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN DIEGO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 10666 N. TORREY PINES RD		106. CITY LA JOLLA	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) RESPIRATORY FAILURE		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (Yes, list type of operation and date) ULCER SURGERY, LAPARATOMY 11/29/2009		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED Decedent's Attended Service Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER PETER VERNON SACKS M.D.		116. LICENSE NUMBER A26491	
117. DATE 01/23/2001		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE PETER VERNON SACKS M.D. 10666 N TORREY PINES RD, LA JOLLA, CA 92037		117. DATE (contingency) 12/23/2009	
118. I CERTIFY THAT IF MY OPINION/OPINION OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. INJURY DATE mm/dd/yyyy 121. HOUR (24 Hours)	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		125. SIGNATURE OF CORONER / DEPUTY CORONER			
126. DATE mm/dd/yyyy		126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			

STATE REGISTRAR	A	B	C	D	E	FAX AUTH. #	CENSUS TRACT



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PG-99
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County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that it bears the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL. This is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: December 29, 2009

Wilma J. Wooten, M.D.
WILMA J. WOOTEN, MD
REGISTRAR OF VITAL RECORDS
County of San Diego

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

