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✓ A+ Paralegals Inc.
312 W Fourth St.
Carson City, NV 89703

Doc Number: **0828067**

07/30/2013 03:33 PM

OFFICIAL RECORDS

Requested By
A+ PARALEGALS INC

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00
Bk: 0713 Pg: 7902



Deputy pk

APN 1121-05-572-017

APN _____

APN _____

FOR RECORDER'S USE ONLY

Affidavit of Death of Joint Tenant
TITLE OF DOCUMENT

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

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of any person or persons as required by law. State specific law: 440.380(1)(A) ; 40.525(5)

Mildred C. Cook
Signature

mildred Cook
Print Name & Title

WHEN RECORDED MAIL TO.

Betty Birnbaum
200 Raymay Way
Gardnerville, NV 89418

THE UNDERSIGNED HEREBY AFFIRMS THAT
THIS DOCUMENT DOES CONTAIN A
SOCIAL SECURITY NUMBER. *per NRS 440.380(1)(A);
NRS 40.525(5)*

APN: 1121-05-512-017

WHEN RECORDED MAIL TO:

Betty Birnbaum
200 Ray May Way
GARDNERVILLE, NEVADA 89410

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT OF DEATH OF JOINT TENANT

MILDRED A. COOK being first duly sworn, deposes and says:

1. Lawrence K. Cook, died on April 9, 2013, and a certified copy of his Death Certificate is attached hereto.
2. That at the date of death, the said Lawrence K. Cook was an owner in joint tenancy with the Affiant and Betty L. Birnbaum (aka Betty L. Bimbaum) of certain real property located in Douglas County, State of Nevada, described as:

See EXHIBIT "A" attached hereto and incorporated herein by said reference

3. That said joint tenancy was created by a Deed dated April 25, 2009, recorded on April 30, 2009 as File No. 0742295, in the Douglas County Recorder's Office.
4. That upon the death of Lawrence K. Cook, the Affiant became joint tenant owner of the above described property in joint tenancy with Betty Birnbaum (aka Betty Bimbaum).

Mildred A. Cook
Signature, MILDRED A. COOK

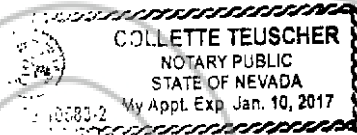
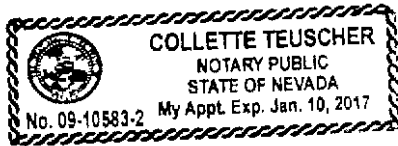
-LOOSE CERTIFICATE ATTACHED-

State of Nevada)
) ss
CARSON CITY)

Subscribed and sworn to me on July 18, 2013, by MILDRED A. COOK who personally appeared before me, a Notary Public, and executed the above document.

Collette Teuscher

NOTARY PUBLIC



THIS JURAT IS ATTACHED TO AN AFFIDAVIT OF DEATH
OF JOINT TENANT
DATED July 18, 2013

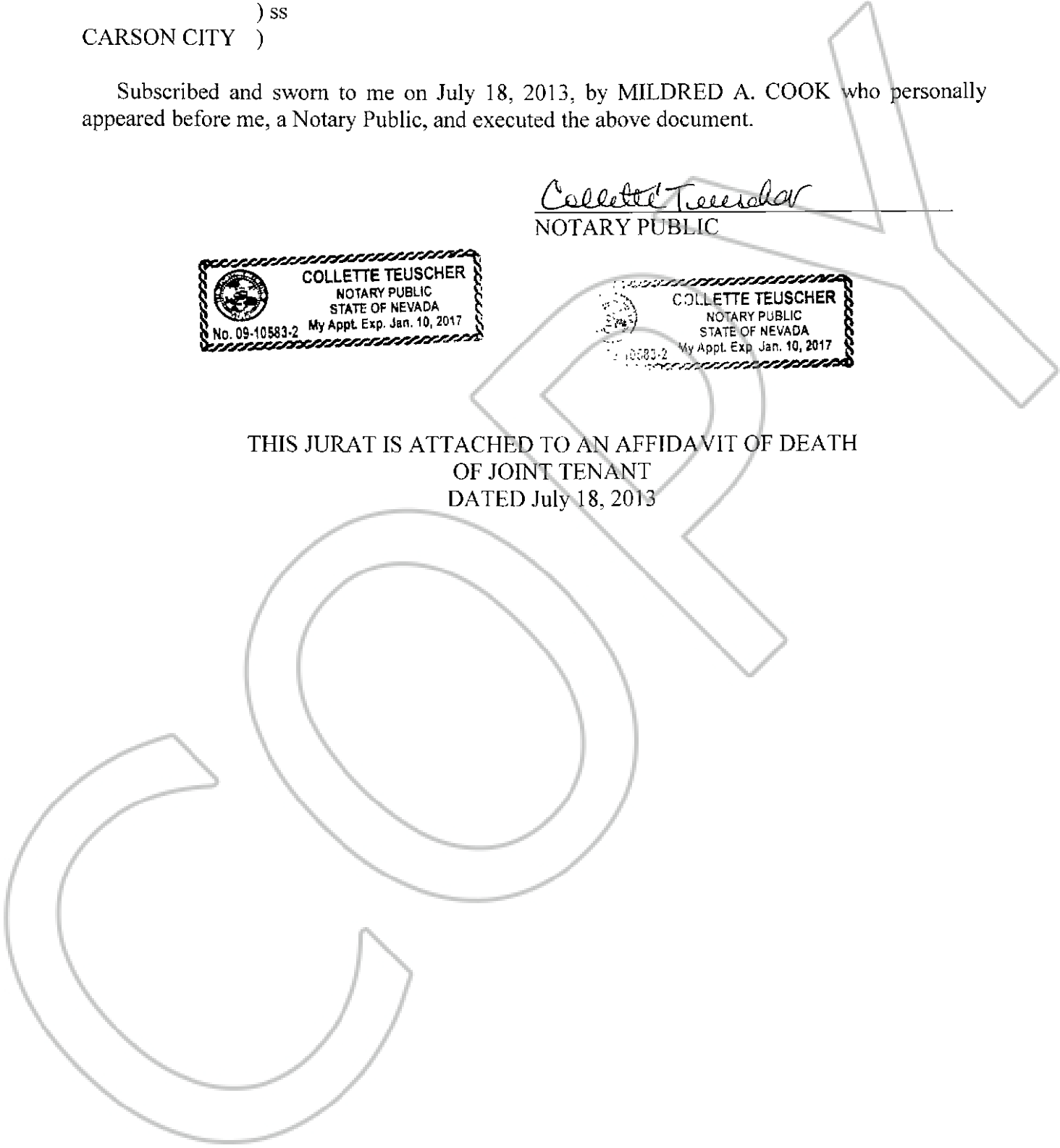


EXHIBIT "A"

Lot 60, as set forth on Record of Survey for PINEVIEW DEVELOPMENT, UNIT NO. 3, filed for record in the office of the Douglas County Recorder on February 15, 2002, in Book 0202, Page 5047, as Document No. 534794 as set forth on Amended Record of Survey of Pineview Development, Unit No. 3 recorded September 4, 2002, in Book 0902, Page 2510, as Document No. 551762, Official Records.

Assessor's Parcel No. 1121-05-512-017



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A
 SANTA ANA, CA 92701

3052013072493 **CERTIFICATE OF DEATH** 3201330005802

1. NAME OF DECEDENT - FIRST (Event) LAWRENCE		2. MIDDLE KENNETH		3. LAST (Family) COOK	
4. DATE OF BIRTH mm/dd/yyyy 04/02/1936				5. AGE Yrs 77	6. SEX M
8. BIRTH STATE/FOREIGN COUNTRY MN		10. SOCIAL SECURITY NUMBER 9418	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS (M, D, S, W, C) MARRIED	13. DATE OF DEATH mm/dd/yyyy 04/09/2013
13. EDUCATION - Highest Attainment SOME COLLEGE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		15. DECEDENT'S RACE - Up to 3 races may be listed (see instruction on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SUPERINTENDENT STRUCTURAL GROUP			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.) SHIP YARD		19. YEARS IN OCCUPATION 35
20. DECEDENT'S RESIDENCE (street and number or location) 2008 N LAKE MEAD CIRCLE					
21. CITY ORANGE		22. COUNTY/PROVINCE ORANGE		23. ZIP CODE 92867	24. YEARS IN COUNTY 53
25. INFORMANT'S NAME, RELATIONSHIP MILDRED COOK, WIFE		27. INFORMANT'S MAILING ADDRESS (street and number, city or town, state and zip) 2008 N LAKE MEAD CIRCLE, ORANGE, CA 92867			
26. NAME OF SURVIVING SPOUSE/SINCP - FIRST MILDRED		28. MIDDLE ANN	30. LAST (BIRTH) NAME CANFIELD		
31. NAME OF FATHER/PARENT - FIRST KENNETH		32. MIDDLE HENRY	33. LAST COOK		34. BIRTH STATE MN
35. NAME OF MOTHER/PARENT - FIRST CAROL		36. MIDDLE FRANCES	37. LAST (BIRTH) NAME WAY		38. BIRTH STATE SD
39. DEPOSITION DATE mm/dd/yyyy 04/11/2013		40. PLACE OF FINAL DEPOSITION RESIDENCE OF MILDRED CANFIELD 2008 N LAKE MEAD CIRCLE, ORANGE, CA 92867			
41. TYPE OF DISPOSITION CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT SHANNON - BRYAN MORTUARY		45. LICENSE NUMBER FD1772	46. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.		47. DATE mm/dd/yyyy 04/11/2013
101. PLACE OF DEATH ST JOSEPH HOSPITAL					
102. COUNTY ORANGE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> HOME <input type="checkbox"/> GROUP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. CITY ORANGE	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1100 W STEWART DR					
106. CAUSE OF DEATH CEREBRAL HEMORRHAGE					
107. MANDATE CAUSE (Final disease or condition resulting in death) CEREBRAL HEMORRHAGE					
108. CLEAR REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
109. BODY PERFORMED? <input type="checkbox"/> YES <input checked="" 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 checked="" type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE. CAUSE IN 107 DIABETES MELLITUS, HYPERTENSION, HYPERLIPIDEMIA, ATRIAL FIBRILLATION					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED 05/07/1999 04/02/2013					
115. SIGNATURE AND TITLE OF CERTIFIER JOHN BERRY LUSTER M.D.		116. LICENSE NUMBER G46508		117. DATE mm/dd/yyyy 04/10/2013	
118. TYPE ATTENDING PHYSICIAN'S MAILING ADDRESS (7th Count) 2617 E CHAPMAN AVE STE 306, ORANGE, CA 92869		119. TYPE OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Poisoning <input type="checkbox"/> Other			
120. INSURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24-hour)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number or location, and city and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER			127. DATE mm/dd/yyyy		128. TYPE NAME TITLE OF CORONER / DEPUTY CORONER
STATE REGISTRAR					

EX: 0719
 PG: 1-906
 7/30/2013

0828067 Page 3 of 5

CERTIFIED COPY OF VITAL RECORDS
 * 003273563 *

STATE OF CALIFORNIA }
 COUNTY OF ORANGE } SS

DATE ISSUED **April 18, 2013**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY

Eric G. Handler M.D.
 ERIC G. HANDLER, M D
 HEALTH OFFICER
 ORANGE COUNTY, CALIFORNIA

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE