

APN # 1320-33-816-014

Escrow # 00238966 -016-

Recording Requested By:  
First Centennial Title Company  
1450 Ridgeview Dr. #100  
Reno, NV 89509

When Recorded Return to:  
Alicia M. Orgill  
1421 Sterling Lane  
Gardnerville, NV 89410

Mail Tax Statements to:  
**Alicia M. Orgill**  
1421 Sterling Lane  
Gardnerville, NV 89410

DOUGLAS COUNTY, NV **2018-918927**  
Rec:\$35.00  
\$35.00 Pgs=4 **08/31/2018 10:10 AM**  
FIRST CENTENNIAL - RENO (MAIN OFFICE)  
KAREN ELLISON, RECORDER

SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT – DEATH OF JOINT TEHANT**

(Title of Document)

**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 Statute 440.380 (state specific law).

Cindy Brewer  
SIGNATURE

Escrow Assistant  
TITLE

Cindy Brewer  
Print Signature

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

**This cover page must be typed or printed in black ink.**

(Additional recording fee applies)

SPACE BELOW FOR RECORDER

APN: 1320-33-816-014  
Escrow No. 00238966 - 016 -

When Recorded Return to:

Alicia M. Orgill  
1421 Sterling Lane  
Gardnerville, NV 89410

SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA  
COUNTY OF CARSON CITY  
CB

} ss:

Alicia M. Orgill, of legal age, being duly sworn, deposes and says

That Dana Edward Orgill the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Dana E. Orgill named as one of the parties in that certain Grant, Bargain and Sale Deed dated November 6, 2003 executed by Classic Homes LLC, a Nevada limited Liability Company to Dana E. Orgill and Alicia M. Orgill, husband wife as joint tenants, recorded as Instrument No. 0598307, on December 1, 2003 in Book 1203 at Page 530 of Official Records of Douglas County, Nevada, covering the following described property.

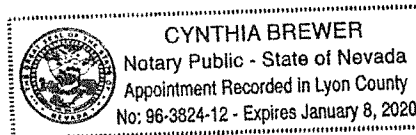
**See Exhibit A attached hereto and made a part hereof.**

Dated: 8/27/18

Alicia M. Orgill  
Alicia M. Orgill

SUBSCRIBED AND SWORN TO before me on this 27th day of August, 2018, by  
Alicia M. Orgill.

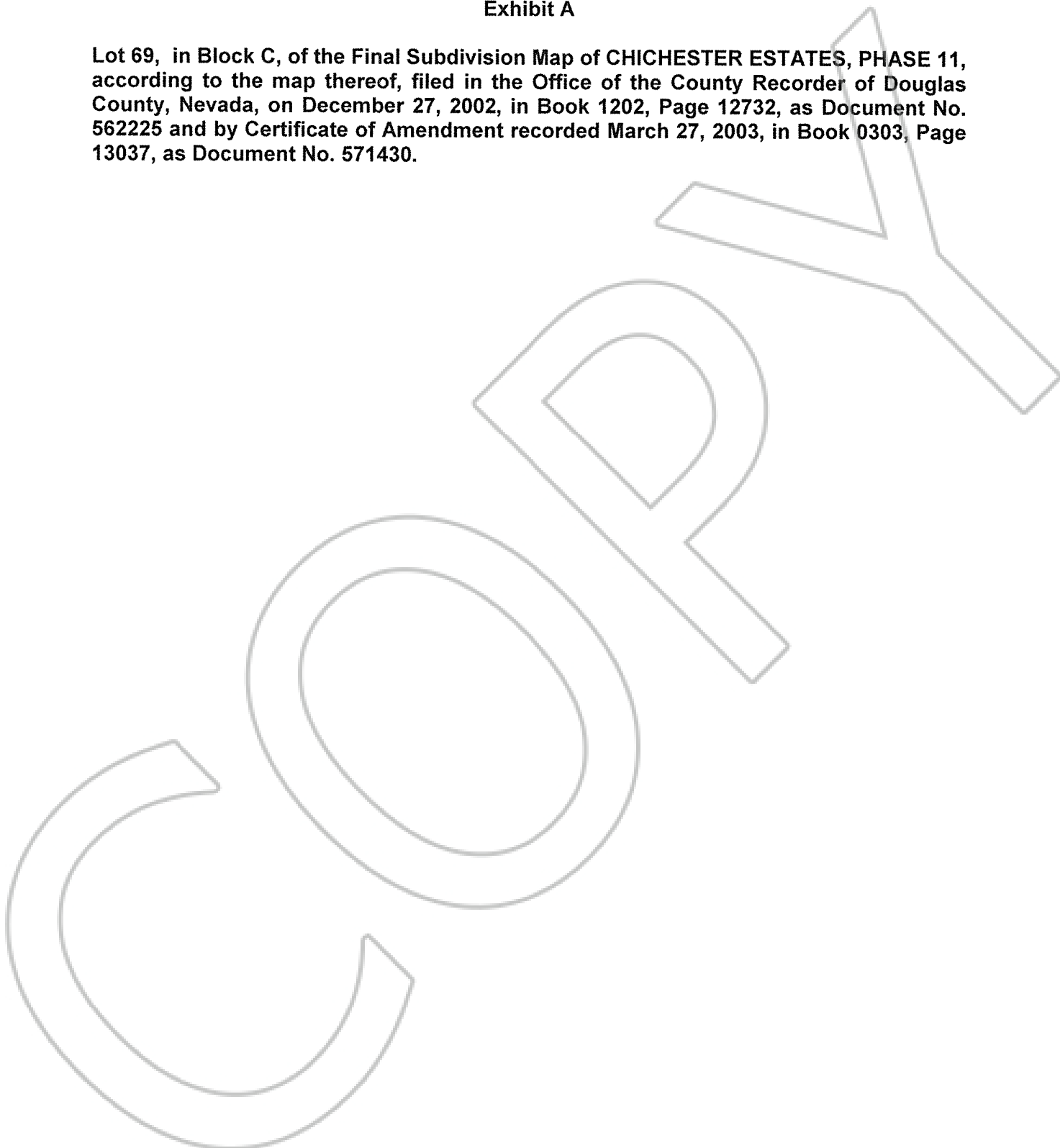
Cynthia Brewer  
NOTARY PUBLIC



SPACE BELOW FOR RECORDER

**Exhibit A**

**Lot 69, in Block C, of the Final Subdivision Map of CHICHESTER ESTATES, PHASE 11, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on December 27, 2002, in Book 1202, Page 12732, as Document No. 562225 and by Certificate of Amendment recorded March 27, 2003, in Book 0303, Page 13037, as Document No. 571430.**



SPACE BELOW FOR RECORDER

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

CASE FILE NO. 4029906

**CERTIFICATE OF DEATH**

2018013642  
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  
STARTING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Dana Edward ORGILL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 10, 2018</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) <b>Renown Regional Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Intensive Care Unit (ICU)</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>69</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>January 14, 1949</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Utah</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Alicia TRUJILLO</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]-2112</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1421 Sterling Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Ralph Neils ORGILL</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Pearl BLAIR</b>		
18a. INFORMANT- NAME (Type or Print) <b>Alicia ORGILL</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1421 Sterling Lane Gardnerville, Nevada 89410</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN BLANSETT</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410</b>	
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) <b>[REDACTED]</b>			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) <b>JULIE SCHRADER DO</b>		
21b. DATE SIGNED (Mo/Day/Yr) <b>July 17, 2018</b>		21c. HOUR OF DEATH <b>23:52</b>		22c. HOUR OF DEATH <b>23:52</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>[REDACTED]</b>			22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>July 10, 2018</b>		
22e. PRONOUNCED DEAD AT (Hour) <b>23:52</b>			23b. LICENSE NUMBER <b>DO2116</b>		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Julie Schrader DO 990 E Ninth St Reno, NV 89512</b>					
24a. REGISTRAR (Signature) <b>BLAIR J HEDRICK</b>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 17, 2018</b>		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 I (a) <b>Complications Of Multiple Blunt Force Injuries</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) <b>ACCIDENT</b>			
28b. DATE OF INJURY (Mo/Day/Yr) <b>July 08, 2018</b>		28c. HOUR OF INJURY <b>1445</b>		28d. DESCRIBE HOW INJURY OCCURRED <b>Helmeted Driver Of Motorcycle That Crashed</b>	
28e. INJURY AT WORK (Specify Yes or No) <b>No</b>		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) <b>Road</b>		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE <b>State Route 207 Near Tramway Drive Stalene Nevada</b>	

STATE REGISTRAR

000729972



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: 7/18/2018

*Julie Katchear*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

