



KAREN ELLISON, RECORDER

APN# _____

Recording Requested by/Mail to:

Name: Patricia Koepnick
Address: 1150 Waterloo Lane
City/State/Zip: Gardnerville NV 89460

Mail Tax Statements to:

Name: _____
Address: _____
City/State/Zip: _____

Affidavit of Death
Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Patricia Margaret Koepnick
Signature

Patricia Margaret Koepnick
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Affidavit of Death

STATE OF NEVADA
COUNTY OF DOUGLAS

I, Patricia Margaret Koepnick, residing at 1150 Waterloo Lane, Gardnerville Nevada 89460,
being of legal age, depose and say that:

Mary Diamond died on March 13, 2017, as evidenced by a certified copy of that Certificate of Death, attached hereto.

That I am the successor to the CARDGV-14-18SNO62302DL Trust, and that no other person has a superior right to the interest of the decedent in the following described property in the Town of Gardnerville County of Douglas and State of Nevada:

Lot 62 in Block D of Chichester Estates Phase 13, Final Subdivision Map # 1006-1 according to the map thereof filed in the office of the County Recorder of Douglas County, State of Nevada on October 4, 2004, in book at Page 1052, as document NO. 625784. (AKA 1448 Cardiff, Gardnerville Nevada 89410.)

That no proceeding is being or has been conducted in administration of the decedent's estate.

Oath of Affirmation:

I certify under penalty of perjury under State of Nevada law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

Patricia Margaret Koepnick

Patricia Margaret Koepnick
(AKA Trish Koepnick)

Signed and sworn before me on June 6 2019 Date by Patricia Margaret Koepnick (NB)

STATE OF Nevada, COUNTY OF Douglas ss



Michelle L. Brown
Notary Public

Secretary
Title (and Rank)

My commission expires May 1 2022

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY
 1200 N. MAIN STREET, SUITE 100-A
 SANTA ANA, CALIFORNIA 92701

3052017054565

CERTIFICATE OF DEATH

3201730004427

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY & NO ERASURES, WHITEOUTS OR ALTERATIONS VS-134REV 3/05		LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT—FIRST (Given) MARY		2. MIDDLE DEE		3. LAST (Family) DIAMOND	
	AKA. ALSO KNOWN AS— Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy 08/31/1948		5. AGE Yrs. 68
	9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER ■■■■■-2987		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
	12. MARRITAL STATUS/SDP* (at time of death) NEVER MARRIED		7. DATE OF DEATH mm/dd/yyyy 03/13/2017		8. HOUR (of hour) 0130	
13. EDUCATION— Highest Level/Degree (see worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet 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.)		19. YEARS IN OCCUPATION 25	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1796 ORIOLE DR						
21. CITY COSTA MESA		22. COUNTY/PROVINCE ORANGE		23. ZIP CODE 92626	24. YEARS IN COUNTY 64	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP JACK FULLERTON, DPOA				
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1796 ORIOLE DR, COSTA MESA, CA 92626		28. NAME OF SURVIVING SPOUSE/SDP—FIRST -				
29. MIDDLE -		30. LAST (BIRTH NAME) -		31. NAME OF FATHER/PARENT—FIRST JOHN		
32. MIDDLE JOSEPH		33. LAST DIAMOND		34. BIRTH STATE MA		
35. NAME OF MOTHER/PARENT—FIRST DOLORES		36. MIDDLE LORRAINE		37. LAST (BIRTH NAME) WIEST		
38. BIRTH STATE ND		39. DEPOSITION DATE mm/dd/yyyy 03/20/2017				
40. PLACE OF FINAL DISPOSITION RESIDENCE OF JACK FULLERTON 1796 ORIOLE DR, COSTA MESA, CA 92626		41. TYPE OF DISPOSITION(S) CR/RES				
42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -				
44. NAME OF FUNERAL ESTABLISHMENT PACIFIC VIEW MEMORIAL PARK		45. LICENSE NUMBER FD1176		46. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.		
47. DATE mm/dd/yyyy 03/15/2017		48. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.				
101. PLACE OF DEATH HOAG HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ERVOP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
104. COUNTY ORANGE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1 HOAG DRIVE		106. CITY NEWPORT BEACH		
107. CAUSE OF DEATH Enter the chain of events— disease, injury, or complications— that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) ACUTE RENAL FAILURE AND DEPENDENCE ON RENAL DIALYSIS		Time Interval Between Onset and Death (AT) DAYS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER		
Sequentially, list conditions, if any, leading to cause on LINE A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. (B) PANCYTOPENIA SECONDARY TO CHEMOTHERAPY		(BT) DAYS		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
(C) PLASMA CELL LEUKEMIA		(CT) DAYS		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		(DT) DAYS		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		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date. LEFT RENAL CARE BIOPSY AND RIGHT ILIAC BONE MARROW BIOPSY 03/08/2017		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive 03/02/2017 03/13/2017		115. SIGNATURE AND TITLE OF CERTIFIER BRIAN NAMSIK KONG M.D.		116. LICENSE NUMBER A110981		
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE BRIAN NAMSIK KONG M.D. 510 SUPERIOR #290, NEWPORT BEACH, CA 92663		117. DATE mm/dd/yyyy 03/15/2017		118. LICENSE NUMBER A110981		
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED: MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		
122. HOUR (of hour)		122. INJURY DATE mm/dd/yyyy				
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		A B C D E		FAX AUTH.#		
CENSUS TRACT		"010001003508834"				

CERTIFIED COPY OF VITAL RECORD
 STATE OF CALIFORNIA, COUNTY OF ORANGE

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.

DATE ISSUED March 24, 2017

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



003931167
Eric G. Handler M.D.
 ERIC G. HANDLER, M.D.
 COUNTY HEALTH OFF. CER

CAORANGE01