

APN: 1320-33-816-014

When Recorded, Please Return To:

Millward Law, Ltd
1591 Mono Ave
Minden, NV 89423

Mail Future Tax Statements To:

Alicia Orgill
1421 Sterling Lane
Gardnerville, NV 89460



00102287201909385780030033

KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANT

The attached document **does** contain the social security number of a person as required by NRS 440.380.

AFFIANT, Alicia Orgill, being of sound mind and body, hereby testifies under the penalty of perjury that she has personal knowledge of the following information:

That she is over the age of 18;

That all of the real property situated in the State of Nevada, County of Douglas, more precisely described as:

Lot 69, in Block C, as shown on the Final Subdivision Map # 1006-6-11 of CHICHESTER ESTATES PHASE 11, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 27, 2002, in Book 1202, Page 12732, as Document NO. 562225, and Amended by Certificate of Amendment recorded March 27, 2003, in Book 0303, Page 13037, as Document No. 0571430, Official Records of Douglas County, State of Nevada

(That pursuant to NRS 111.312, the above legal description previously appeared in Individual Grant Deed recorded on December 1, 2003, as Document Number 0598307)

was acquired and held by Affiant Alicia Orgill and Decedent Dana Edward Orgill as husband and wife as Joint Tenants with rights of survivorship, by Grant, Bargain and Sale Deed executed by Classic Homes, LLC, on November 6, 2003, which deed was thereafter recorded with the Douglas County Recorder on December 1, 2003, as Document No. 0598307;

That Decedent, Dana Edward Orgill, passed away on July 10, 2018, as identified in Certificate of Death #2018013642, issued by the Department of Health and Human Services of the State of Nevada; and

That pursuant to the rules of survivorship, Affiant Alicia Orgill is the survivor and now holds this property as a unmarried woman as her sole and separate property.

Affiant further sayeth naught.

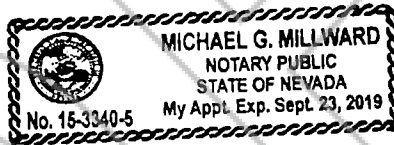
Date: September 12, 2019

Alicia Orgill
Alicia Orgill, Affiant

State of Nevada)
Douglas County)

This instrument was signed and sworn to before me on September 12, 2019, by Alicia Orgill.

[Signature]
Notary Public



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
STATING THE
UNDERLYING
CAUSE LAST

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

STATE REGISTRAR



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 Katchmar
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

