

WHEN RECORDED MAIL TO:

Nona B. Cochran
1873 N Marnita Ave
Meridian, ID 83646
MAIL TAX STATEMENTS TO:

Same as Above

The undersigned hereby affirms that this document submitted for recording includes a death certificate which may contain a social security number as required by NRS 440.380(1)(a).



SHAWNYNE GARREN, RECORDER

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 2302266-RLT
APN No.: 1022-16-002-100

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

Nona B. Cochran, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Elmer L. Cochran the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Elmer Laverne Cochran named as one of the Grantees in that certain Deed from Claudette Springmeyer, Douglas County Public Administrator and the Court Approved Administrator for the Estate of Jack L. Ferrel and Claudette Springmeyer, Douglas County Public Guardian and Court Appointed Guardian for Wanda L. Ferrel, Trustee of the Wanda L. Ferrel Trust dated August 24, 1998 to Elmer Laverne Cochran and Nona B. Cochran, husband and wife as joint tenants recorded as Instrument No. 2016-875914, on January 27, 2016 of Official Records of Douglas County, Nevada, covering the following described property.

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF

Dated: August 26, 2023

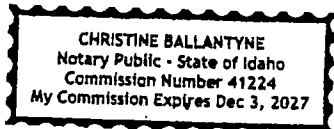
Nona B Cochran BY Sandra J Nelson AS HER
Nona B. Cochran e SN ATTORNEY IN FACT

STATE OF NEVADA
COUNTY OF DOUGLAS

Idaho
Ada } SS:

This instrument was acknowledged before me on 6 September 2023
by Sandra J Nelson, attorney in fact for Nona B Cochran

Christine Ballantyne
NOTARY PUBLIC



ChristineBallantyne
Notary Public- State of Idaho
Commission Number 41224
My Commission Expires Dec.3, 2027

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4352866

CERTIFICATE OF DEATH

2023012303
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Elmer L COCHRANE		2. DATE OF DEATH (Mo/Day/Year) May 31, 2023		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 3636 Quail Run Way		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Male		7a. AGE-Last birthday (Years) 82		7b. UNDER 1 YEAR MOS: 82 DAYS: 00 HOURS: 00 MINS: 00	
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS: 00 MINS: 00	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Oregon		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Nona B CHUNN			
PARENTS	13. SOCIAL SECURITY NUMBER ██████-4535		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Interstate Transport	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
DISPOSITION	15d. STREET AND NUMBER 3636 Quail Run Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
	16 FATHER/PARENT - NAME (First Middle Last Suffix) Gordon W COCHRANE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lela M DODSEN		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Sean Gordon COCHRANE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1288 Summit Ave #107-137 Oconomowoc, Wisconsin 53066			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Cremations 1600 Buckeye Rd Minden NV 89423	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RALPH D HERBIG 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)			
	21b. DATE SIGNED (Mo/Day/Yr) June 06, 2023		21c. HOUR OF DEATH 17:39		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ralph D Herbig DO 897 Ironwood Dr Minden, NV 89423			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER DO984		24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 06, 2023		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
PART I	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				Interval between onset and death	
	(a) Hypoxic Encephalopathy				Minutes	
PART II	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(b) Myocardial Infarction				Minutes	
OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(c) Coronary Artery Disease				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(d) Coronary Atherosclerosis				Years		
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)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)				
28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc (Specify)		28g. LOCATION		STREET OR R.F.D No. CITY OR TOWN STATE		



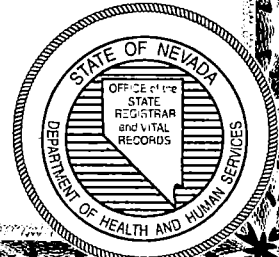
CERTIFIED COPY OF VITAL RECORDS

Cody J. Phinney
STATE REGISTRAR

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
6/7/2023

DATE ISSUED:

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Order No.: 02302266-RLT

EXHIBIT A

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 19 as set forth on the final map of PLEASANT MEADOWS SUBDIVISION, filed for record in the office of the Douglas County Recorder on October 12, 1993, in Book 1093, at Page 1611, as Document No. 319836, Official Records of Douglas County, Nevada and by that certain Certificate of Amendment recorded on March 1, 2001 in Book 301, at Page 17, as Document No. 509601, Official Records.

APN: 1022-16-002-100

