

APN: 1420-32-001-024



SHAWNYNE GARREN, RECORDER

Recording Requested By/Return To:
HERITAGE LAW
1625 Highway 88, Suite 304
Minden, NV 89423

Mail Future Tax Statements To:
MICHAEL OROZCO
PO Box 2755
Minden, NV 89423

The undersigned hereby affirms that this document submitted for recording DOES contain personal information as required by law: NRS 440.380(1)(A) and NRS 40.525(5)

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

MICHAEL OROZCO, being of legal age, and being of sound mind and body, hereby swears (or affirm) under penalty of perjury, that the following is true of his own personal knowledge:

That RALPH OROZCO, the Decedent mentioned in the certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as RALPH OROZCO, one (1) of three (3) Grantees named in that certain *Grant Deed* recorded on December 9, 2013, as Document No. 0835173 of Official Records of Douglas County, State of Nevada, which Grantees took title as joint tenants with right of survivorship, and which *Grant Deed* pertains to property situated at 1184 Stephanie Way, Minden, Douglas County, Nevada, and more precisely described as:

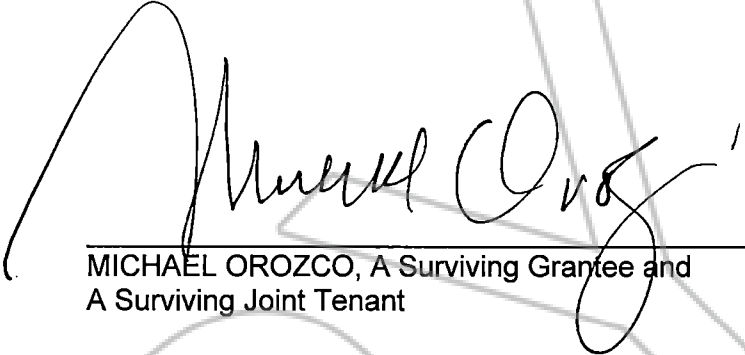
SEE LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A"

Pursuant to NRS 111.312, the above legal description was previously recorded in that certain *Grant Deed* recorded as Document No. 0835173 of Official Records of Douglas County, State of Nevada, on December 9, 2013.

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I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.


Dated: January 25, 2023.


MICHAEL OROZCO, A Surviving Grantee and
A Surviving Joint Tenant

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On January 25, 2023, before me, a Notary Public, personally appeared MICHAEL OROZCO, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he executed it.


Notary Public

 MICHELLE ANDRA GIBBONS
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 21-1975-05 - Expires January 4, 2025

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**EXHIBIT "A"
LEGAL DESCRIPTION**

All that certain real property situate within a portion of the Northeast $\frac{1}{4}$ of the Northeast $\frac{1}{4}$ of the Section 32, Township 14 North, Range 20 East, M.D.M., Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the most westerly corner of Parcel 1, as shown on that Parcel Map for Smith & Smith LLC, recorded as Document Number 557715, Douglas County Official Records, said point lying on the northerly Right of Way of Stephanie Way;

Thence leaving said Stephanie Way, South $89^{\circ}24'36''$ East, 425.26 feet;

Thence South $10^{\circ}15'24''$ West, 112.09 feet;

Thence South $14^{\circ}49'17''$ East, 65.99 feet to the beginning of the non-tangent curve to the left, having a radius of 100.00 feet and a radial bearing of North $71^{\circ}54'56''$ East;

Thence southeasterly along said curve 56.72 feet through a central angle of $32^{\circ}29'46''$ (the chord of said curve bears South $34^{\circ}19'57''$ East, 55.96 feet) to the point of compound curvature of the non-tangent curve to the left, having a radius of 736.00 feet and a radial bearing of North $21^{\circ}45'58''$ East;

Thence southeasterly along said curve 100.07 feet through a central angle of $7^{\circ}47'25''$ (the chord of said curve bears South $72^{\circ}07'45''$ East, 100.00 feet);

Thence South $12^{\circ}06'25''$ West, 24.01 feet to a point on a curve concave to the north-northeast, having a radius of 760.00 feet and a radial bearing of North $13^{\circ}54'58''$ East, said point lies on the northerly Right of Way of Stephanie Way;

Thence northwesterly along said Right of Way and said curve 323.04 feet through a central angle of $24^{\circ}21'13''$ (the chord of said curve bears North $63^{\circ}54'25''$ West, 320.61 feet) to the point of compound curvature of a curve to the left, having a radius of 840.00 feet;

Thence continuing northwesterly along said Right of Way and said curve 292.15 feet through a central angle of $19^{\circ}55'38''$ (the chord of said curve bears North $61^{\circ}41'38''$ West, 290.68 feet) to the POINT OF BEGINNING and end of this description.

Contains 48,491 Feet, more or less.

The BASIS OF BEARINGS for this description is Identical to that Parcel Map for Smith & Smith LLC, recorded as Document Number 557715, Douglas County Official Records.

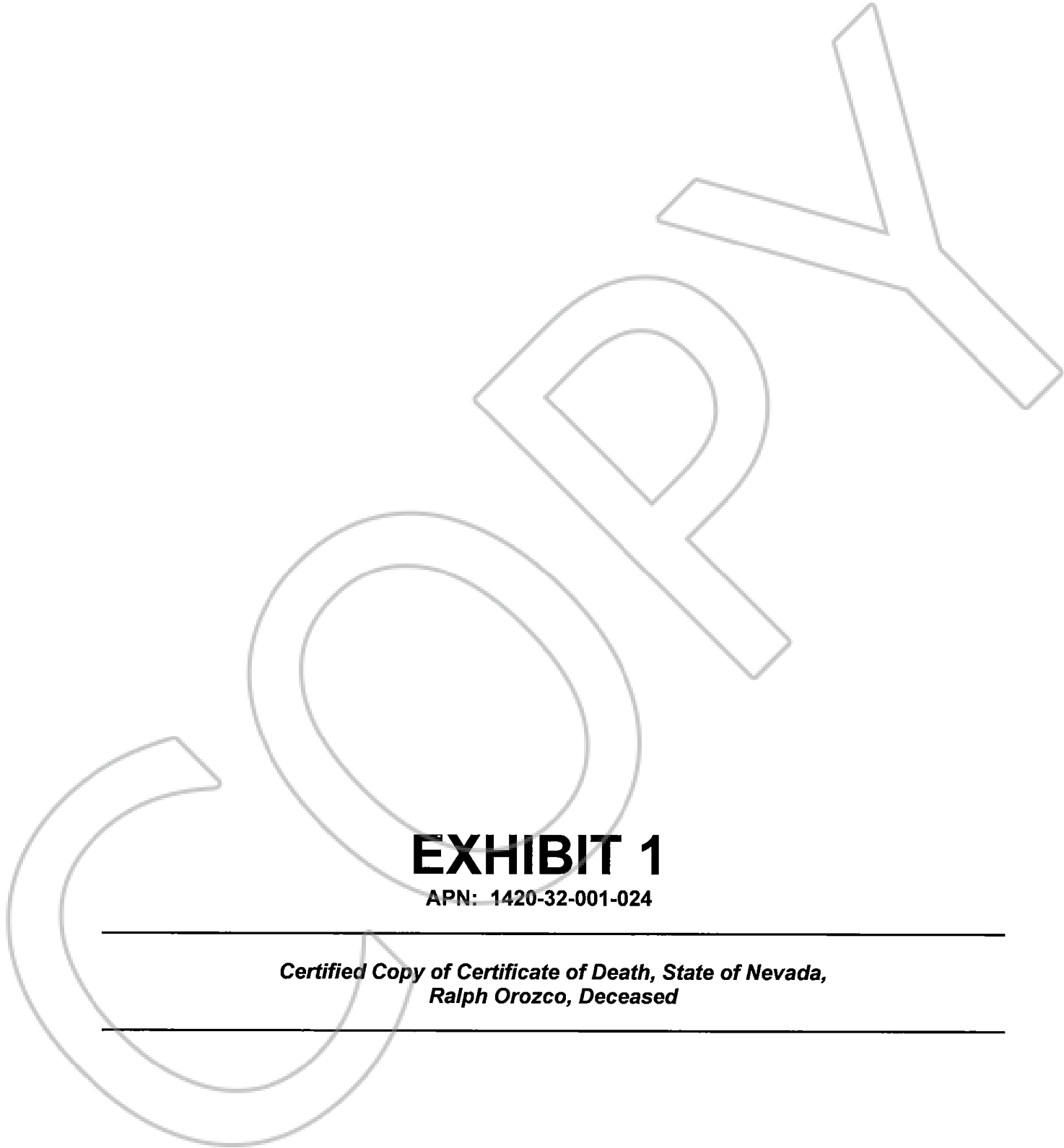


EXHIBIT 1

APN: 1420-32-001-024

*Certified Copy of Certificate of Death, State of Nevada,
Ralph Orozco, Deceased*

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4327374 **CERTIFICATE OF DEATH** 2023000405
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

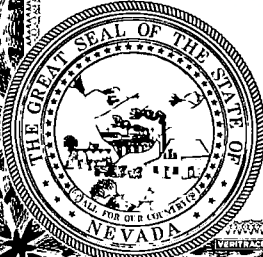
CERTIFIER

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) Ralph OROZCO Jr | | 2. DATE OF DEATH (Mo/Day/Year) January 06, 2023 | | 3a. COUNTY OF DEATH Douglas | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Minden | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 1184 Stephanie Way | | 3e. If Hosp. or Inst. Indicate DOA,OP/Emr. Rm. Inpatient(Specify) Home | |
| 5. RACE (Specify) White | | 6. Hispanic Origin? Specify Yes - Mexican | | 7a. AGE-Last birthday (Years) 89 | |
| 7b. UNDER 1 YEAR MOS | | 7c. UNDER 1 DAY DAYS | | 8. DATE OF BIRTH (Mo/Day/Yr) March 24, 1933 | |
| 9a. STATE OF BIRTH (If not US/CA, name country) Texas | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 14 | |
| 11. MARITAL STATUS (Specify) Married | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Diane Margaret ANDERSON | | | |
| 13. SOCIAL SECURITY NUMBER ██████████-8538 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of PBX REPAIR AND INSTALLATION TECHNICIAN | | 14b. KIND OF BUSINESS OR INDUSTRY TELEPHONE COMPANY | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Minden | |
| 15d. STREET AND NUMBER 1184 Stephanie Way | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Rafael OROZCO Sr | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Aurora VILLA-GOMEZ | | |
| 18a. INFORMANT- NAME (Type or Print) Michael Joseph OROZCO | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 435 NW Canal Blvd Redmond, Oregon 97756 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory | | 19c. LOCATION City or Town State Carson City Nevada 89701 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NORMA M FINKES SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD967 | | 20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423 | |
| 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) [Signature] | | 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) ERIK A EISSINGER SIGNATURE AUTHENTICATED | | | |
| 21b. DATE SIGNED (Mo/Day/Yr) | | 21c. HOUR OF DEATH | | 22b. DATE SIGNED (Mo/Day/Yr) January 12, 2023 | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22c. HOUR OF DEATH 18:35 | | 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) Erik A Eissinger P O Box 218 Minden, NV 89423 | | | |
| 23b. LICENSE NUMBER | | 24a. REGISTRAR (Signature) SHANA B RHINEHART SIGNATURE AUTHENTICATED | | | |
| 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 12, 2023 | | 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) Cardiopulmonary Arrest Due To Atherosclerosis DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) | | | | 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. Severe Aortic Stenosis And Type II Diabetes Mellitus | | | | 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 | |



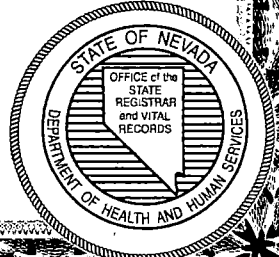
CERTIFIED COPY OF VITAL RECORDS

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: **1/13/2023**

[Signature]
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE