RECORDING REQUESTED BY

Margarita Cochran

AND WHEN RECORDED MAIL TO:

Name: Margarita Cochran

Address: 8149 Ramwood Way

City: Orangevale

State & Zip: CA, 95662

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Smile 4U Inc
2004 JUL -9 PM 2:36

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 188207 FEES 15.00

Above Space for Recorder's Use Only

AFFIDAVIT OF DEATH OF JOINT TENANT

Assessor's Parcel Number: 005-470-11

State of Nevada
County of Eureka}ss

I Margarita Cochran, of legal age, being first duly sworn, deposes and says: That Jerry Cochran, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Jerry Cochran named as one of the Parties in that certain Grant Deed executed by CATTLEMEN'S TITLE GUARANTEE COMPANY to Jerry Cochran and Margarita Cochran, as joint tenants, Recorded as Instrument No. 66280 on 20 September, 1978, in Book 66, page 118, of Official Records of Eureka County, Nevada, covering the following described property Situated in the said County, State of Nevada:

TOWNSHIP 29 NORTH, RANGE 48 EAST, M.D.B. & M.

SECTION 33: NW¼ SE¼ SE ¼

Margarita Cochran

Subscribed and Sworn to before me

This 28 day of March, 2003

Julie Monroe
signature

Notary Public

JULIE MONROE
Comm. # 1302347
NOTARY PUBLIC - CALIFORNIA
Sacramento County
My Comm Expires April 26, 2005

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 7/97)

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN): Jerry
2. MIDDLE: Rodger
3. LAST (FAMILY): Cochran
4. DATE OF BIRTH MM/DD/CCYY: 05/05/1935
5. AGE YRS.: 63
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
6. SEX: M
7. DATE OF DEATH MM/DD/CCYY: 03/10/1999
8. HOUR: 0310
9. STATE OF BIRTH: WV
10. SOCIAL SECURITY NO.: [redacted]
11. MILITARY SERVICE: [X] YES [ ] NO [ ] UNK
12. MARITAL STATUS: Married
13. EDUCATION—YEARS COMPLETED: 16
14. RACE: White
15. HISPANIC—SPECIFY: [ ] YES [X] NO
16. USUAL EMPLOYER: Sambos
17. OCCUPATION: Manager
18. KIND OF BUSINESS: Restaurant
19. YEARS IN OCCUPATION: 30

USUAL RESIDENCE

20. RESIDENCE—(STREET AND NUMBER OR LOCATION): 9206 Rock Canyon Way
21. CITY: Orangevale
22. COUNTY: Sacramento
23. ZIP CODE: 95662
24. YRS IN COUNTY: 20
25. STATE OR FOREIGN COUNTRY: CA

INFORMANT

26. NAME, RELATIONSHIP: Margarita Cochran-Wife
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 9206 Rock Canyon Way Orangevale, CA 95662

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: Margarita
29. MIDDLE: -
30. LAST (MAIDEN NAME): Martinez
31. NAME OF FATHER—FIRST: Ilas
32. MIDDLE: -
33. LAST: Cochran
34. BIRTH STATE: WV
35. NAME OF MOTHER—FIRST: Thelma
36. MIDDLE: -
37. LAST (MAIDEN): Moore
38. BIRTH STATE: WV

DISPOSITION(S)

39. DATE MM/DD/CCYY: 03/15/1999
40. PLACE OF FINAL DISPOSITION: Mt. Vernon Memorial Park Fair Oaks, CA

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): BU
42. SIGNATURE OF EMBALMER: ▶ Not Embalmed
43. LICENSE NO.: -
44. NAME OF FUNERAL DIRECTOR: Mt. Vernon Mortuary
45. LICENSE NO.: FD1154
46. SIGNATURE OF LOCAL REGISTRAR: ▶ Glennah S. Trochet, M.D.
47. DATE MM/DD/CCYY: 03/15/1999 KLL

PLACE OF DEATH

101. PLACE OF DEATH: Own Residence
102. IF HOSPITAL, SPECIFY ONE: [ ] IP [ ] ER/OP [ ] DOA
103. FACILITY OTHER THAN HOSPITAL: [ ] CONV. HOSP. [ ] RES. CARE [ ] OTHER
104. COUNTY: Sacramento
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 9206 Rock Canyon Way
106. CITY: Orangevale

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Respiratory Failure	6 mins
DUE TO (B)	Multiple Sclerosis	19 Yrs
DUE TO (C)		
DUE TO (D)		

108. DEATH REPORTED TO CORONER: [X] YES [X] NO — REFERRAL NUMBER: 99-1207
109. BIOPSY PERFORMED: [ ] YES [X] NO
110. AUTOPSY PERFORMED: [ ] YES [X] NO
111. USED IN DETERMINING CAUSE: [ ] YES [ ] NO
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: None
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: No

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY: 11/18/1998 — DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 12/09/1998
115. SIGNATURE AND TITLE OF CERTIFIER: ▶ D. M. Katz
116. LICENSE NO.: G37631
117. DATE MM/DD/CCYY: 03/15/1999
118. TYPE OR PRINT ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: David Katz, MD 4800 Manzanita Ave. #18 Carmichael, CA 95608

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED
120. INJURY AT WORK: [ ] YES [ ] NO
121. INJURY DATE MM/DD/CCYY
122. HOUR
123. PLACE OF INJURY
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)
126. SIGNATURE OF CORONER OR DEPUTY CORONER: ▶
127. DATE MM/DD/CCYY
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

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188207

217602

STATE REGISTRAR: A | B | C | D | E | F | G | H

CERTIFIED COPY OF VITAL RECORDS

FAX AUTH. #: 8221

CENSUS TRACT:

STATE OF CALIFORNIA
COUNTY OF SACRAMENTO } SS

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: March 17, 1999

Glennah S. Trochet M.D.
LOCAL REGISTRAR

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