

RECORDING REQUESTED BY

Margarita Cochran

AND WHEN RECORDED MAIL TO:

Name: Margarita Cochran  
Address: 8149 Ramwood Way  
City: Orangevale  
State & Zip: CA, 95662

BOOK 383 PAGE 296-297  
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<sup>00</sup>

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  
Situating in the said County, State of Nevada:

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

SECTION 33: NW¼ SE¼ SE ¼

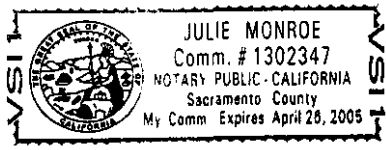
*Margarita Cochran*

Subscribed and Sworn to before me

This 28 day of March, 2003

*Julie Monroe*  
signature

Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CERTIFICATE OF DEATH

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/97)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Jerry		2. MIDDLE Rodger		3. LAST (FAMILY) Cochran			
4. DATE OF BIRTH M/M/DD/CCYY 05/05/1935		5. AGE YRS. 63		6. SEX M		7. DATE OF DEATH M/M/DD/CCYY B. HOUR 03/10/1999 0310	
9. STATE OF BIRTH WV		10. SOCIAL SECURITY NO. [REDACTED]		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS Married	
13. EDUCATION—YEARS COMPLETED 16		14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Sambos	
17. OCCUPATION Manager		18. KIND OF BUSINESS Restaurant		19. YEARS IN OCCUPATION 30			
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							
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			
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	
39. DATE M/M/DD/CCYY 03/15/1999		40. PLACE OF FINAL DISPOSITION Mt. Vernon Memorial Park Fair Oaks, CA					
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 ▶ <i>Shmuel J. Trosch, M.D.</i>		47. DATE M/M/DD/CCYY 03/15/1999 KLL	
101. PLACE OF DEATH Own Residence		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY Sacramento	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 9206 Rock Canyon Way		106. CITY Orangevale					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORNER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 99-1207			
IMMEDIATE CAUSE (A) Respiratory Failure		6 mins		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (B) Multiple Sclerosis		19 Yrs		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
DUE TO (D)							
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							
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 M/M/DD/CCYY 11/18/1998		DECEDENT LAST SEEN ALIVE M/M/DD/CCYY 12/09/1998		115. SIGNATURE AND TITLE OF CERTIFIER ▶ <i>D. M. Katz</i>		116. LICENSE NO. G37631	
117. DATE M/M/DD/CCYY 03/15/1999		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP David Katz, MD 4800 Manzanita Ave. #18 Carmichael, CA 95608					
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/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 M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	

217602

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**

*Shmuel J. Trosch, M.D.*  
LOCAL REGISTRAR

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

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