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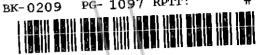
APN 1320-33-310-045

Recording requested by and mail documents and tax statements to:

Teresa Mullins 999 Hillside Drive Carson City, NV 89705 DOC # 0737142 02/05/2009 11:07 AM Deputy: SD OFFICIAL RECORD Requested By: NANCY REY JACKSON

> Douglas County - NV Karen Ellison - Recorder

Page: 1 Of 2 Fee BK-0209 PG-1097 RPTT: 15.00 # 5



### **DEATH OF GRANTOR AFFIDAVIT**

TERESA A. MULLINS, being duly sworn, deposes and says that ALBERT J. COGOZZO, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ALBERT J. COGOZZO, named as grantor in the deed recorded on **February 3**, 2009, in Book 0209, at page 0581, records of Douglas County, Nevada, covering the following described real property:

Lot 5, Block A, as set forth on Final Subdivision Map FSM-1006 of CHICHESTER ESTATES Phase 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 12, 1995, in Book 995 at Page 1407, as Document No. 370215 and Amended by Certification of Amendment recorded March 5, 1997 in Book 397, Page 654 as Document No. 407852, Official Records, and further Amended Certification of Amendment recorded July 17, 2001 as document No. 518480, of Official Records.

Assessor's Parcel No. 1320-33-310-045

TERESA MULLINS is the grantee to whom the real property is conveyed upon the death of the grantor ALBERT J. COGOZZO and is the authorized representative of the grantee.

Dated this 3<sup>rd</sup> day of February, 2009.

TERESA A. MULLINS

STATE OF NEVADA

COUNTY OF DOUGLAS

On this 3<sup>rd</sup> day of February, 2009, personally appeared before me, a Notary Public, Teresa A. Mullins, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that she executed the above instrument.

NOTARY PUBLIC



# STATE OF NEVADA

### CERTIFICATION OF VITAL RECORD

# **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**DIVISION OF HEALTH VITAL STATISTICS** 

### CERTIFICATE OF DEATH

2009000424

PARENTS  1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) PRINT IN JERMANENT BLACK INK  Albert J COGOZZO  3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number)  Carson Valley Medical Center  5. RACE White (Specify)  16. Hispanic Origin? Specify (Specify)  17. AGE-Last (Specify)  18. DATE OF BIRTH (If not U.S.A. 19. CITIZEN OF WHAT COUNTRY 10. EDUCATION 11. MARRIED, NEVER MARRIED,	•		•	CERTIFICATE	OF DEATH		STATE FILE NUMBE	
Albert J COGOZZO  Scriy, Town, On Location or Death Technology (Serving Serving Servin		1a. DECEASED-NAME (FIRST,N	IIDDLE,LAST,SUFFIX)			2. DATE OF DEATH (Mo/Da		
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PARENTS  15. FATHER - NAME (First Middle Last Suffix) Albert V. COGOZZO  Albert V. COGOZZO Albert V. COGOZZO Albert V. COGOZZO Albert V. Cogozzo Albert V. C	RESIDENCE	15a. RESIDENCE - STATE 1	5b. COUNTY	****	<del>-</del>			LIMIT'S (Specify Ye
Albert V COGOZZO    18a. INFORMANT. NAME (Type or Print)   18b. MAILING ADDRESS   (Street or R.F.D. No. City or Town, State, Zp)   199. His lide Drive Carson City, Nevada 89705   199. BLALL, GREMATION, REMOVAL, OTHER (Specify) (19b. CEMETERY OR OREMATION, Name)   19c. LOCATION City or Town State Carson City, Nevada 89701   20a. FUNERAL DREATION, REMOVAL, OTHER (Specify) (19b. CEMETERY OR OREMATION, Name)   19c. LOCATION City or Town State Carson City, Nevada 89701   20a. FUNERAL DREATION, REMOVAL, OTHER (Specify) (19b. CEMETERY OR OREMATION, Name)   19c. LOCATION City or Town State Carson City, Nevada 89701   20a. FUNERAL DREATION, STATE ADDRESS OF FACILITY   19b. BLANCE CALL TRADE CALL NAME AND ADDRESS OF GASH Occurred at the time, date and place and State of Printing Carson City, Nevada 89701   19b. BLANCE CALL NAME AND ADDRESS OF GASH Occurred at the time, date and place and state of the cause(s) stated, (Signature & Title)   19b. BLANCE CALL NAME AND ADDRESS OF GETTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, ATTENDING PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)   22a. NAME AND ADDRESS OF GETTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)   22b. LICENSE NUMBER   19b. BLANCE CALL STATE (Type or Print)   22b. LICENSE NUMBER   25b. L	<u>~</u>			Gardner	42,			or No) Yes
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CERTIFIER  21b. DATE SIGNED (Mo/Day/Yr)  21c. HOUR OF DEATH  January 07, 2009  21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER  22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER: OR CORONER) (Type or Print)  23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER: OR CORONER) (Type or Print)  23b. LICENSE NUMBER  8526  Stephen Lane Perry M.D. 1520 Virginia Ranch Rd. Gardnerville, NV 89410  24a. REGISTRAR (Signature)  CHRISTINA GRIFFITH  (MO/Day/Yr)  January 15, 2009  YES NO X  Interval between onset and de Virginia Part (Mo/Day/Yr)  DEATH  ONIDITIONS IF ACUIE OF OR AS A CONSEQUENCE OF  OUBTIO, OR AS A CONSEQUENCE OF  OUBTION INVEST. (Specify)  28a. AUTOPSY  (Specify Yes or No)  28a. AUTOPSY  (Specify Yes or No)  DUE TO, OR AS A CONSEQUENCE OF  OUBTION INVEST. (Specify)  28b. DATE OF INJURY; At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE  TO CORONER (Specify)		音 21a. To the best of my kno	wledge, death occurred at		22a. On th	e basis of examination and/o	rinvestigation, in my op	inion death occurre
224. REGISTRAR  238. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  239. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  Stephen Lane Perry M.D. 1520 Virginia Ranch Rd. Gardnerville, NV 89410  CHRISTINA GRIFFITH  240. DATE RECEIVED BY REGISTRAR  241. DATE RECEIVED BY REGISTRAR  242. DATE RECEIVED BY REGISTRAR  243. DATE RECEIVED BY REGISTRAR  244. DATE RECEIVED BY REGISTRAR  245. DATE RECEIVED BY REGISTRAR  246. DEATH DUE TO COMMUNICABLE DISEA  Minutes  SIGNATURE AUTHENTICATED.  ONDITIONS IF ANY WHICH CAUSE OF DEATH  ONDITIONS IF ANY WHICH CAUSE OF DUE TO, OR AS A CONSEQUENCE OF:  (b) ACUte Myocardial Infarction  DUE TO, OR AS A CONSEQUENCE OF:  (c) COTONARY Aftery Disease  DUE TO, OR AS A CONSEQUENCE OF:  (d) DUE TO, OR AS A CONSEQUENCE OF:  (d) COTONARY Aftery Disease  DUE TO, OR AS A CONSEQUENCE OF:  (d) COTONARY Aftery Disease  DUE TO, OR AS A CONSEQUENCE OF:  (d) COTONARY Aftery Disease  DUE TO, OR AS A CONSEQUENCE OF:  (d) COTONARY Aftery Disease  DUE TO, OR AS A CONSEQUENCE OF:  (d) COTONARY Aftery Disease  DUE TO, OR AS A CONSEQUENCE OF:  (d) COTONARY Aftery Disease  DUE TO, OR AS A CONSEQUENCE OF:  (d) COTONARY Aftery Disease  DUE TO, OR AS A CONSEQUENCE OF:  (d) COTONARY Aftery Disease  DUE TO, OR AS A CONSEQUENCE OF:  (d) COTONARY Aftery Disease  DUE TO, OR AS A CONSEQUENCE OF:  (d) COTONARY Aftery Disease  DUE TO, OR AS A CONSEQUENCE OF:  (d) COTONARY Aftery Disease  DUE TO, OR AS A CONSEQUENCE OF:  (d) COTONARY Aftery Disease  DUE TO, OR AS A CONSEQUENCE OF:  (d) COTONARY Aftery Disease  DUE TO, OR AS A CONSEQUENCE OF:  (d) COTONARY Aftery Disease  DUE TO, OR AS A CONSEQUENCE OF:  (d) COTONARY Aftery Disease  DUE TO, OR AS A CONSEQUENCE OF:  (d) COTONARY Aftery Disease  DUE TO, OR AS A CONSEQUENCE OF:  (d) COTONARY Aftery DISEASE  DUE TO, OR AS A CONSEQUENCE OF:  (d) COTONARY Aftery DISEASE  DUE TO, OR AS A CONSEQUENCE OF:  (d) COTONARY After DISEASE  PART II  ACUTE MY ACUTE					ED (p.º E the time, o	late and place and due to the	cause(s) stated, (Signa ;	mure & ime)
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0209 PG- 1098 02/05/2009

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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:

SIGNATURE AUTHENTICATED
This copy is not valid unless prode ogengraved border displaying date, seal and signature of Registrar.

