

15

APN 1320-33-310-045

Recording requested by and mail documents
and tax statements to:

✓ Teresa Mullins
999 Hillside Drive
Carson City, NV 89705

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 2 Fee: 15.00
BK-0209 PG- 1097 RPTT: # 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 3rd day of February, 2009.

Teresa A Mullins
TERESA A. MULLINS

STATE OF NEVADA)
)§
COUNTY OF DOUGLAS)

On this 3rd 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.

[Signature]
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2009000424
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) Albert J COGOZZO		2. DATE OF DEATH (Mo/Day/Year) January 06, 2009		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 93		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 30, 1915		9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER ██████████-6975		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) I R S Agent		14b. KIND OF BUSINESS OR INDUSTRY U S Government	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1486 Grendon Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Albert V COGOZZO	
17. MOTHER - NAME (First Middle Last Suffix) Lucille PORTER		18a. INFORMANT- NAME (Type or Print) Teresa MULLINS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 999 Hillside Drive Carson City, Nevada 89705	
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) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway,395 N Gardnerville NV 89410	
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 AUTHENTICATED STEPHEN LANE PERRY M.D.					
21b. DATE SIGNED (Mo/Day/Yr) January 07, 2009		21c. HOUR OF DEATH 16:00		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		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) Stephen Lane Perry M.D. 1520 Virginia Ranch Rd. Gardnerville, NV 89410	
23b. LICENSE NUMBER 6526		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 15, 2009	
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) Sudden cardiac death. Interval between onset and death: Minutes			
		(b) Acute Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death: 2 Days			
		(c) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death: Years			
		(d) _____ Interval between onset and death: _____			
PART II		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	

STATE REGISTRAR

616395



0737142 Page: 2 Of 2

BK- 0209
PG- 1098
02/05/2009

VRS-Rev-2008T

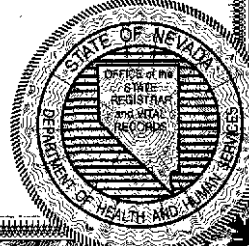
251257 CERTIFIED COPY OF VITAL RECORDS

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:

This copy is not valid unless it has an engraved border displaying date, seal and signature of Registrar.
01/15/2009

R. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE