



A.P.N. 1220-21-810-024

When Recorded Mail To:
Lois E. Bezilla
646 Joette Drive
Gardnerville, NV 89460

AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That VINCENT STEPHEN BEZILLA, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as VINCENT S. BEZILLA named as one of the parties in that certain Grant, Bargain and Sale Deed dated June 21, 2005, executed by VINCENT S. BEZILLA and LOIS E. BEZILLA, husband and wife and TINA M. SCHERER, a married woman and LADENA A. BEZILLA, an unmarried woman, all as Joint Tenants Grantor to VINCENT S. BEZILLA and LOIS E. BEZILLA, husband and wife as Joint Tenants grantee as joint tenants, recorded as Instrument No. 0647667 on June 23, 2005 of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas County, State of Nevada:

LOT 99, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 27, 1974, IN BOOK 374, PAGE 676, AS DOCUMENT NO. 72456.

Dated: June 25, 2008

Lois E. Bezilla
LOIS E. BEZILLA

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

On June 25, 2009 , before me, a notary public, personally appeared Lois E. Bezilla,
personally known (or proved) to me to be the person whose name is subscribed to the above instrument who
acknowledged that executed the instrument.

[Signature]
Notary Public

 SUSAN LAPIN
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No:02-74683-5 - Expires March 21, 2010

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009008856
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) Vincent Stephen BEZILLA		2. DATE OF DEATH (Mo/Day/Year) June 13, 2009		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) April 22, 1928		9a. STATE OF BIRTH (If not-U.S.A. name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Lois CURRAN	
13. SOCIAL SECURITY NUMBER 7261		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Operator		14b. KIND OF BUSINESS OR INDUSTRY Baking	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 646 Joette Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First Middle Last Suffix) Martin BEZILLA			17. MOTHER - NAME (First Middle Last Suffix) Anna FALCONE		
18a. INFORMANT- NAME (Type or Print) Lois BEZILLA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 646 Joette Drive Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME East Line Cemetery		19c. LOCATION City or Town State Bishop California	
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	
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) VIJAY MAIYA SIGNATURE AUTHENTICATED			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)		
21b. DATE SIGNED (Mo/Day/Yr) June 19, 2009		21c. HOUR OF DEATH -13:50		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11909	
24a. REGISTRAR (Signature) JENELLE BALDWIN SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 22, 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				Interval between onset and death	
(a) Septic Shock					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Pneumonia					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Fungal Infection					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II				26. AUTOPSY (Specify Yes or No) No	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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

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BK- 0609
PG- 9358

VRS-Rev-20080602

278767 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: **06/22/2009**

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

PB-VCO (Rev) 11/06

R. J. White
SIGNATURE AUTHENTICATED

