

OFFICIAL RECORD

Requested By:

LAW OFFICE OF KAREN L

WINTERS

Douglas County - NV

Karen Ellison - Recorder

Page: 1 of 2 Fee: 15.00

BK-0212 PG- 895 RPTT: 0.00



APN: 1320-33-312-009

After Recording Mail to:

Linda L. Galli
1430 Edlesborough Cir.
Gardnerville, NV 89410

The undersigned affirms that this document **does** contain the social security number of any person, as required by NRS 440.380. (NRS 239B.030).

**AFFIDAVIT OF DEATH OF COMMUNITY SPOUSE
WITH RIGHT OF SURVIVORSHIP**

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

LINDA L. GALLI, being duly sworn, declares:

That ROY MICHAEL GALLI, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ROY M. GALLI, named as one of the parties in the Grant Deed executed by Roy M. Galli and Linda L. Galli, Grantors, to Roy M. Galli and Linda L. Galli, husband and wife as community property with right of survivorship, and recorded as Instrument No. 0667569 on February 8, 2006, in Book 0206, Page 2932 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

Lot 4, in Block A, as set forth on Final Subdivision Map FSM-1006-3 of CHICHESTER ESTATES Phase 3, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 11, 1997, in Book 977, at Page 2121, as Document No. 421409, Official Records.

Per NRS 111.312, this legal description was previously recorded at Document No. 0667569 on February 8, 2006, in Book 0206, Page 2932 of Official Records of Douglas County, Nevada.

Linda L. Galli
LINDA L. GALLI

Subscribed and sworn to before me this 3rd day of February, 2012.

[Seal]

KAREN L. WINTERS
Notary Public
STATE OF NEVADA
No. 90-1742-5 Exp. 1/30/14

Karen L. Winters
NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2012000189
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) Roy Michael GALLI		2. DATE OF DEATH (Mo/Day/Year) January 01, 2012		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) Evergreen at CC Health and Rehab Ctr		3e. If Hosp. or Inst. indicate DOA, Op/Emer. Rm. Inpatient(Specify) Nursing Home	
5 RACE (Specify) Male		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 82	
7b UNDER 1 YEAR MOS DAYS HOURS MINS		7c UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) May 21, 1929	
9a STATE OF BIRTH (If not U.S.A., name country) California		9b CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12 SURVIVING SPOUSE (if wife, give maiden name) Linda KANE		13. SOCIAL SECURITY NUMBER 8594	
14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Auto Claims Estimator		14b. KIND OF BUSINESS OR INDUSTRY Insurance		Ever in US Armed Forces? No	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
15d STREET AND NUMBER 1430 Edlesborough Circle		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		16 FATHER/PARENT - NAME (First Middle Last Suffix) Algimiro GALLI	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Pia FREDIANI		18a INFORMANT - NAME (Type or Print) Linda GALLI		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1430 Edlesborough Circle Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89708	
20a: FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street 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) JOSE ALFREDO AGUIRRE MD 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) January 05, 2012		21c. HOUR OF DEATH 06:45		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) Jose Alfredo Aguirre MD 1600 Medical Parkway Carson City, NV. 89703				23b. LICENSE NUMBER 11479	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 06, 2012		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) Severe Anemia				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF: Unknown Etiology				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Obstructive Pulmonary Disease, Dysphagia				26 AUTOPSY (Specify Yes or No) No	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC, SUICIDE, HOMICIDE, 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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VRS-Rev-20110104

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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: **01/11/2012**

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


SIGNATURE AUTHENTICATED

