

DOC # 817350
01/31/2013 01:24PM Deputy: AR
OFFICIAL RECORD
Requested By:
Western Title Company
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-113 PG-9286 RPTT: 0.00



APN# : 1320-30-211-052

Recording Requested By:
Western Title Company

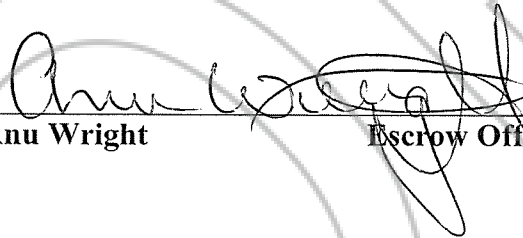
When Recorded Mail To:
Kathleen Magee Molina
P.O. Box 731
Minden, NV
89423

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of a person or persons. (Per NRS 440.380)

Signature _____


Anu Wright **Escrow Officer**

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)



AFFIDAVIT - DEATH OF JOINT TENANT

Kathleen Magee Molina, of legal age, being first duly sworn, deposes and says:

That Hector H. Molina, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Hector H. Molina named as one of the parties in that certain Grant, Bargain and Sale Deed dated 1/7/1998 executed by Melanie C. Polk to Hector H. Molina and Kathleen Magee Molina, husband and wife as Joint Tenants with right of survivorship as joint tenants, recorded as instrument No. 0431434, on 1/28/1998, in Book 0198, Page 4358, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 13 in Block I as shown on the Official Map of WESTWOOD VILLAGE UNIT NO. 1, filed for record in the office of the County Recorder of Douglas County, Nevada, on October 05, 1979, in Book 1079, Page 440, Document No. 37417, and Certificate of Amendment recorded July 14, 1980, in Book 780, Page 783, Document No. 46166, and Certificate of Amendment recorded January 31, 1991, in Book 191, Page 3820, Document No. 243938.



Affidavit – Death of Joint Tenant – Page 3

Dated 1/25/2013

Kathleen Magee Molina
Kathleen Magee Molina, Surviving Joint
Tenant

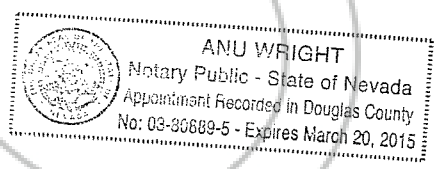
STATE OF NEVADA)SS

COUNTY OF Douglas

This instrument was acknowledged before me on
January 25, 2013

by Kathleen Magee Molina.

Anu Wright
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009019477
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) Hector H MOLINA		2. DATE OF DEATH (Mo/Day/Year) December 27, 2009		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Minden 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) 61		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 26, 1948		9a. STATE OF BIRTH (if not U.S.A., name country) New York		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Kathleen MAGEE	
13. SOCIAL SECURITY NUMBER ██████████8752		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Peace Officer		14b. KIND OF BUSINESS OR INDUSTRY Law Enforcement	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1746 Oakwood Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Hermino MOLINA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Antonia GONZALEZ		
18a. INFORMANT- NAME (Type or Print) Kathy MOLINA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1746 Oakwood Drive Minden, Nevada 89423			
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	
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) GREG HUBBARD SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) January 05, 2010		21c. HOUR OF DEATH 11:29	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) GREG HUBBARD SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) December 27, 2009	
22c. HOUR OF DEATH 11:29		22d. PRONOUNCED DEAD (Mo/Day/Yr) December 27, 2009		22e. PRONOUNCED DEAD AT (Hour) 11:29	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner GREG HUBBARD PO Box 218 Minden, NV 89423				23b. LICENSE NUMBER 262	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 12, 2010		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) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF (b) Hypertension DUE TO, OR AS A CONSEQUENCE OF (c) _____ DUE TO, OR AS A CONSEQUENCE OF (d) _____				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) Yes	
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



BK 113
PG-9289

817350 Page: 4 of 4 01/31/2013

RVS-Rev-20120523a



466921

CERTIFIED COPY OF VITAL RECORDS

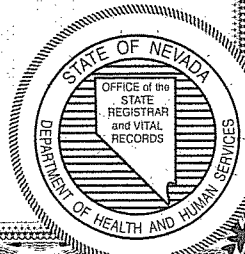
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

JAN 28 2013

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE