

DOC # 825098
06/10/2013 02:04PM Deputy: SD
OFFICIAL RECORD
Requested By:
eTRCo, LLC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-613 PG-2245 RPTT: 0.00



APN# 1320-32-812-015

Recording Requested by:
Name: First American Title Insurance Company
Address: 1663 US Highway 395, Suite 101
City/State/Zip: Minden, NV 89423
Order Number: 143-2448605 AND #058656-RTO

AFFIDAVIT DEATH OF TRUSTEE (for Recorder's use only)
(Title of Document)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:

440.380
(State specific law)

Suzanne Cheechal Escrow officer
Signature Title

Suzanne Cheechal
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)



- 4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: June 3, 2013

DECLARANT:

Kolleen M. Spinelli
Kolleen M. Spinelli, (previously Kolleen M. Olsen)

State of Florida)
)ss
 County of Hillsborough)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Hillsborough and State Florida, this 5th day of June, 20 13 by Kolleen Marie Spinelli, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature

My Commission Expires: 5-8-2017

Notary Name: Michael Green Notary Phone: 813-677-4290
 Notary Registration Number: FF016430 County of Principal Place of Business Hillsborough

This area for official notarial seal



MICHAEL GREEN
NOTARY PUBLIC
STATE OF FLORIDA
 Comm# **FF016430**
 Expires **5/8/2017**

CERTIFICATION OF VITAL RECORD

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

2013006765
STATE FILE NUMBER

DECEASED
IN
INSTITUTION
OR
HOSPITAL
OR
OTHER
INSTITUTION
NAME
(If not U.S.A.,
name, country)

FATHER/PARENT

BURIAL

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Earl Thomas ROOKEY		2. DATE OF DEATH (Mo/Day/Year) April 14, 2013		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) Merrill Gardens		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. / Inpatient (Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 89		7b. UNDER 1-YEAR MOS. / DAYS		7c. UNDER 1 DAY HOURS / MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 29, 1923		9a. STATE OF BIRTH (If not U.S.A., name, country) Wisconsin		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (If wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 5346		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Engineer		14b. KIND OF BUSINESS OR INDUSTRY Aircraft	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1473 Garden Glen Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle - Last Suffix) Anthony Daniel ROOKEY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Johanna MCGARRY		
18a. INFORMANT - NAME (Type or Print) Kolleen SPINELLI		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 8606 Fantasia Parkway Riverview, Florida 33578			
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) NITA SCHWARTZ M.D. SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) April 24, 2013		21c. HOUR OF DEATH 07:25		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)				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) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 25, 2013		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) Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Respiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Aspiration Pneumonia					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part 1. Dementia, Coronary Artery Disease				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC. SUICIDE, HOMICIDE, UNDETERMINED 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.		28h. CITY OR TOWN	
				28i. STATE	

STATE REGISTRAR



BK 613
PG-2248

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VRS-Rev-20120523a

483571

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: **05/16/2013**

R. J. [Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

