

Doc Number: **0828342**

08/05/2013 10:25 AM

OFFICIAL RECORDS

Requested By
JOSEPH TILLSON

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 0813 Pg: 1237



Deputy gb

Document Transfer Tax \$0
Assessor's Parcel No. 1320-33-716-035

**WHEN RECORDED AND
MAIL TAX STATEMENTS TO:**

✓ Monica Josephina Maria Acevedo, Trustee
P.O. Box 38
Genoa, NV 89411

The grantor declares:
Documentary transfer tax is \$ -0-
 computed on full value of property conveyed,

AFFIDAVIT--DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

MONICA JOSEPHINA MARIA ACEVEDO, of legal age, being first duly sworn, deposes and says:

That RANDALL HILLIARD ACEVEDO, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as the party in that certain Grant, Bargain and Sale Deed dated March 13, 2013, executed by Randall H. Acevedo and Monica J. M. Acevedo Husband and Wife, to Randall Hilliard Acevedo and Monica Josephina Maria Acevedo, Trustees of the Revocable Trust of Randall Hilliard Acevedo and Monica Josephina Maria Acevedo dated June 7, 1991, as well as the beneficiary under said trust; it being further acknowledged that Monica Josephina Maria Acevedo is the successor trustee under said declaration of trust on the death of Randall Hilliard Acevedo.

The original Grant, Bargain and Sale Deed aforementioned is recorded as Document No.800488 at Book 412, Page 2335-2337, on April 9, 2012, in the Official Records of Douglas County, State of Nevada, covering the following described property situate 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 35 in Block B of CHICHESTER ESTATES PHASE 8 Final Subdivision Map #1006-8 according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on June 12, 2001 in Book 0601, at Page 2589, as Document No. 516199.

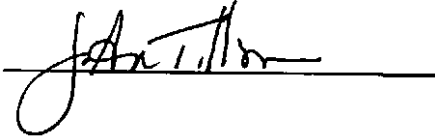
Dated: 7.17.2013

Monica Josephina Maria Acevedo
MONICA JOSEPHINA MARIA ACEVEDO

JURAT

STATE OF CALIFORNIA
COUNTY OF EL DORADO

Subscribed and sworn to (or affirmed) before me on this 17th day of July 2013, by MONICA JOSEPHINA MARIA ACEVEDO, proved to me on the basis of satisfactory evidence to be the person who appeared before me.





AFFIDAVIT-DEATH OF SETTLOR,
TRUSTEE AND BENEFICIARY
Assessor's Parcel No. 1320-33-716-035

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2013006769
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
HAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Randall Hilliard ACEVEDO		2. DATE OF DEATH (Mo/Day/Year) April 05, 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) Carson Valley Medical Cneter		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) 63		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 23, 1949		9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 23		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Monica LUYKX	
13. SOCIAL SECURITY NUMBER 8273		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Dentist		14b. KIND OF BUSINESS OR INDUSTRY Dentistry	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1758 Foothill Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Arthur ACEVEDO			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary FRAME		
18a. INFORMANT- NAME (Type or Print) Monica ACEVEDO		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1758 Foothill Rd Gardnerville, Nevada 89460			
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		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
20a. SIGNATURE AUTHENTICATED					
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) MICHAEL MCLAUGHLIN M.D.			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) April 23, 2013		21c. HOUR OF DEATH 03:57		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) MICHAEL MCLAUGHLIN M.D. 1107 Highway 395 Gardnerville, NV 89410				23b. LICENSE NUMBER 13872	
24a. REGISTRAR (Signature) BIANCA GALEANO		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		Interval between onset and death			
(a) Sudden Cardiac Death					
(b) Etiology Unknown					
(c)					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I				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

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PG 1239
8/5/20 13

VRS-Rev-20120523a

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: **04/26/2013**

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

