

Doc Number: **0834028**

11/18/2013 03:14 PM

OFFICIAL RECORDS

Requested By:  
PENSICO TRUST COMPANY

APN: 1320-33-815-020

This document prepared by (and after recording return to): )

Name: Mary Kay Rea )

Firm/Company: PENSICO Trust Company )

Address: P.O. Box 173859 )

City, State, Zip: Denver, CO 80217 )

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 1113 Pg: 3681 RPTT # 5



Deputy: sg

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**QUITCLAIM DEED**

**KNOW ALL MEN BY THESE PRESENTS THAT:**

FOR VALUABLE CONSIDERATION OF TEN DOLLARS (\$10.00), and other good and valuable consideration, cash in hand paid, the receipt and sufficiency of which is hereby acknowledged, Lincoln Trust Company FBO: Randall H. Acevedo, IRA, hereinafter referred to as "Grantor", does hereby transfer, remise, release, and forever quitclaim unto PENSICO Trust Company FBO: Monica JM Acevedo, IRA, hereinafter "Grantee", the following lands and property, together with all improvements located thereon, lying in the County of Douglas, State of Nevada, to-wit:

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

Lot 52, Block E, as shown on the Final Subdivision Map No. 1006-10 of CHICHESTER ESTATES PHASE 10, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on April 25, 2002, in Book 0402, Page 7623, as Document No 540511.

APN: 1320-33-815-020

Prior instrument reference: Book 412, Page 5578, Document No. 801191, of the Recorder of Douglas County, Nevada.

TO HAVE AND TO HOLD same unto Grantee, and unto Grantee's heirs and assigns forever, with all appurtenances thereunto belonging.

The property herein conveyed is not a part of the homestead of Grantor.

WITNESS Grantor(s) hand(s) this the October 2, 2013

Documentary Transfer Tax is \$0.00  
Grantor(s) and Grantee(s) in this conveyance are comprised of the same parties, who continue to hold the same Proportionate interest in the property.

Send Tax Statement to Grantee

\_\_\_\_\_  
Jennifer Vialpando, Authorized Signer  
Lincoln Trust Company FBO: Randall H.  
Acevedo, IRA

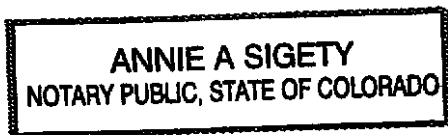
STATE OF COLORADO  
COUNTY OF DENVER

On October 2, 2013 before me, Annie A Sigety, a Notary Public, personally appeared «Authorized Signer», Authorized Signer for «Entity», personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Annie A Sigety  
Notary Public

Print Name: Annie A Sigety



My Comm. Expires 1/19/2015

**Grantor(s) Name, Address, phone:**  
Lincoln Trust Company FBO: Randall H.  
Acevedo, IRA  
PO Box 173859  
Denver CO 80217

**Grantee(s) Name, Address, phone:**  
PENSCO Trust Company FBO: Monica JM  
Acevedo, IRA  
PO Box 173859  
Denver CO 80217  
**SEND TAX STATEMENTS TO GRANTEE**

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

BK 1113
PG 3685
11/18/2013

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 BEEN TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

Form with fields for: 1a. DECEASED NAME (FIRST MIDDLE LAST SUFFIX), 2. DATE OF DEATH, 3a. COUNTY OF DEATH, 3b. CITY, TOWN, OR LOCATION OF DEATH, 3c. HOSPITAL OR OTHER INSTITUTION, 4. SEX, 5. RACE, 6. Hispanic Origin, 7a. AGE, 7b. UNDER 1 YEAR, 7c. UNDER 1 DAY, 8. DATE OF BIRTH, 9a. STATE OF BIRTH, 9b. CITIZEN OF WHAT COUNTRY, 10. EDUCATION, 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, 12. SURVIVING SPOUSE, 13. SOCIAL SECURITY NUMBER, 14a. USUAL OCCUPATION, 14b. KIND OF BUSINESS OR INDUSTRY, 15a. RESIDENCE - STATE, 15b. COUNTY, 15c. CITY, TOWN OR LOCATION, 15d. STREET AND NUMBER, 15e. INSIDE CITY LIMITS, 16. FATHER/PARENT - NAME, 17. MOTHER/PARENT - NAME, 18a. INFORMANT - NAME, 18b. MAILING ADDRESS, 19a. BURIAL, CREMATION, REMOVAL, OTHER, 19b. CEMETERY OR CREMATORY - NAME, 19c. LOCATION, 20a. FUNERAL DIRECTOR, 20b. FUNERAL DIRECTOR LICENSE, 20c. NAME AND ADDRESS OF FACILITY, 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21b. DATE SIGNED, 21c. HOUR OF DEATH, 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, 22b. DATE SIGNED, 22c. HOUR OF DEATH, 23a. NAME AND ADDRESS OF CERTIFIER, 23b. LICENSE NUMBER, 24a. REGISTRAR, 24b. DATE RECEIVED BY REGISTRAR, 24c. DEATH DUE TO COMMUNICABLE DISEASE, 25. IMMEDIATE CAUSE, 26. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVESTIGATION, 27. WAS CASE REFERRED TO CORONER, 28a. INJURY AT WORK, 28b. DATE OF INJURY, 28c. HOUR OF INJURY, 28d. DESCRIBE HOW INJURY OCCURRED, 28e. PLACE OF INJURY, 28f. LOCATION, 28g. STREET OR R.F.D. No., 28h. CITY OR TOWN, 28i. STATE

STATE REGISTRAR

VRS-Rev 20120523a

481257

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

Signature of Registrar: R. ... SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

