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Doc Number: **0835987**

12/24/2013 01:11 PM

OFFICIAL RECORDS

Requested By:
JOSEPH W TILLSON

Document Transfer Tax \$0 #3
Assessor's Parcel No. 1219-15-002-072

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00
Bk: 1213 Pg: 4596



Deputy ar

✓ WHEN RECORDED AND
MAIL TAX STATEMENTS TO:
MONICA ACEVEDO
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 IRA ROLLOVER OWNER

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

That RANDALL H. 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 July 5, 2007, executed by RANDALL H. ACEVEDO DDS, Inc. Profit Sharing Plan, dtd 10/31/1980 which granted the real property to RANDALL H. ACEVEDO ROLOVER IRA, wherein the decedent was the owner of the Rollover IRA mentioned in the deed, it being further acknowledged that MONICA ACEVEDO is the beneficiary of the Rollover IRA on the death of RANDALL H. ACEVEDO.

The original Grant Deed aforementioned is recorded as Document No.0723815, on May 22, 2008, in the Official Records of Douglas County, State of Nevada, covering the following described property situate in the County of Douglas, State of Nevada:

Parcel 4H as shown on that certain Parcel Map #3 LDA 04-094 for Mike Hickey Construction, Inc., filed in the office of the County Recorder of Douglas County, Nevada on September 20, 2006, in Book 0906, Page 6318, as Document No. 684785.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

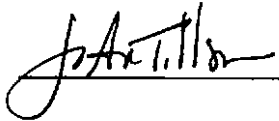
Dated: 12.18.13

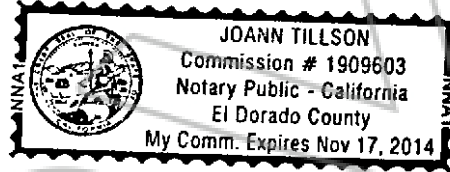
MONICA ACEVEDO

JURAT

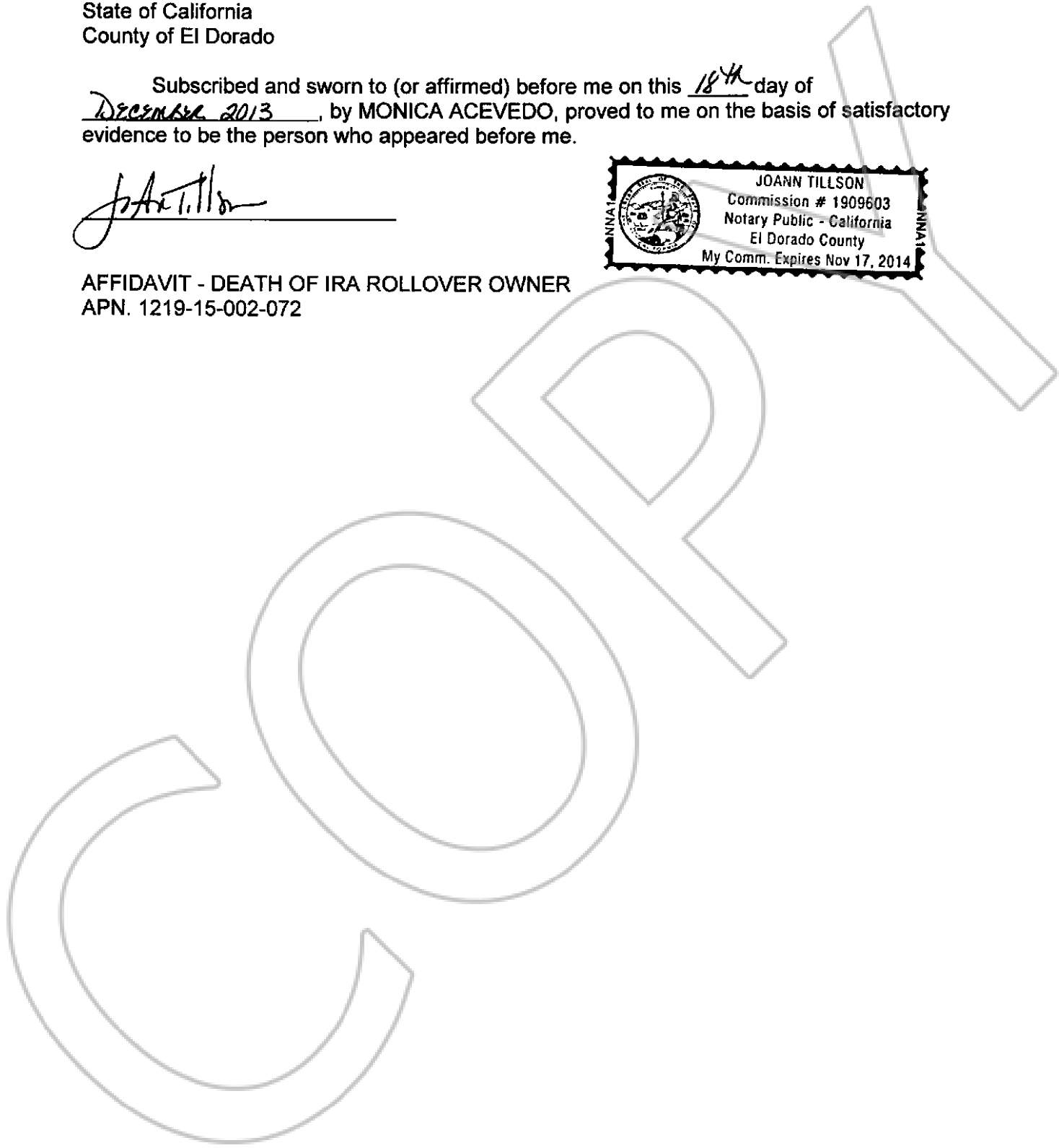
State of California
County of El Dorado

Subscribed and sworn to (or affirmed) before me on this 18th day of December 2013, by MONICA ACEVEDO, proved to me on the basis of satisfactory evidence to be the person who appeared before me.





AFFIDAVIT - DEATH OF IRA ROLLOVER OWNER
APN. 1219-15-002-072



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 GAVE 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 Cntrer		3e. If Hosp. or Inst. Indicate DOA, OPI/Emer. Rm. Inpatient(Specify) Inpatient	
5. RACE White (Specify)		8. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 63	
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		8. DATE OF BIRTH (Mo/Day/Yr) November 23, 1949	
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		11. Ever in US Armed Forces? No	
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)		22c. HOUR OF DEATH
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"/>		
24b. SIGNATURE AUTHENTICATED			25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		
PART I			(a) Sudden Cardiac Death		
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(b) Etiology Unknown			Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(c)			Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(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 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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VRS-Rev-20120523a

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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: **04/26/2013**

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

