

17-

Doc Number: **0836542**

01/09/2014 09:40 AM
OFFICIAL RECORDS
Requested By
PETER ADAMCO, ESQ

Assessor's Parcel No. 1318-15-610-022
RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

✓ Peter Adamco, Esq.
The Law Offices of Peter P. Adamco
P.O. Box 1564
Zephyr Cove, NV 89448

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 4 Fee: \$ 17.00
Bk: 0114 Pg: 1388



Deputy. ar

MAIL TAX STATEMENT TO:
Debbie & Anita Milosevich
209 Belle Avenue
San Rafael, CA 94901

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
 :SS.
COUNTY OF DOUGLAS)

DEBBIE MILOSEVICH and ANITA MILOSEVICH, being first duly sworn, say:

On July 17, 1994, George Milosevich, as Trustor and Trustee created the Milosevich Revocable Living Trust (the "Trust").

On February 24, 1995, the Trustor recorded a Grant, Bargain and Sale Deed as Document No. 356770, in the Official Records in the Office of the Douglas County Recorder, conveying an undivided one-half (1/2) interest to George Milosevich, as Trustee of the Trust, in the below-described real property;

On December 8, 2012, George Milosevich, the said Trustee, the same person as the decedent mentioned in the certified copy of the Certificate of Death, attached hereto as Exhibit A, died;

Pursuant to the terms of the Milosevich Revocable Living Trust, Debbie Milosevich and Anita Milosevich, daughters of George Milosevich, thereupon became the Co-Trustees of said trust.

The property hereinabove mentioned is described as follows:

Lot 40 in Block B as shown on the map of ROUND HILL VILLAGE UNIT NO. 3, filed in the office of the County Recorder of Douglas County, Nevada, on November 24, 1965.

APN 1318-15-610-022

Dated this 12th day of NOVEMBER, 2013.

Debbie Milosevich

DEBBIE MILOSEVICH,
Successor Co-Trustee

Anita M. Milosevich

ANITA MILOSEVICH,
Successor Co-Trustee

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to (or affirmed) before me on this 12th day of NOVEMBER, 2013, by PETER ADAMCO, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

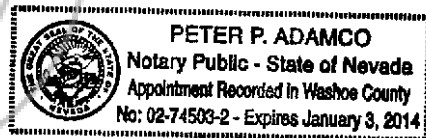
Peter Adamco
NOTARY PUBLIC



STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to (or affirmed) before me on this 12th day of NOVEMBER, 2013, by PETER ADAMCO, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Peter Adamco
NOTARY PUBLIC



STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to (or affirmed) before me on this 12TH day of NOVEMBER, 2013, by DEBBIE MILOSEVICH, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

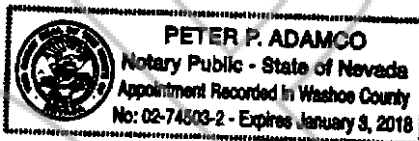
Peter P. Adamco
NOTARY PUBLIC



STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to (or affirmed) before me on this 12TH day of NOVEMBER, 2013, by ANITA MILOSEVICH, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Peter P. Adamco
NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2012020581

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) George MILOSEVICH		2. DATE OF DEATH (Mo/Day/Year) December 08, 2012		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Sparks		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Northern Nevada Medical Center		3e. If Hosp or Inst indicate DOA,OP/Emar. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 87	
5. RACE White (Specify)		7b. UNDER 1-YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 05, 1925		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 10		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER [REDACTED]-8551		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Seaman		14b. KIND OF BUSINESS OR INDUSTRY Merchant Marine	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
15d. STREET AND NUMBER 339 Ute Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Nickolis MILOSEVICH			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Angeles BOCAR		
18a. INFORMANT- NAME (Type or Print) Anita MILOSEVICH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 209 Belle Ave San Rafael, California 94901			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES FRIZZELL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 785		20c. NAME AND ADDRESS OF FACILITY Simple Cremation Reno 1547 South Virginia St, Ste 2 Reno NV - 89503	
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) LINDELL BRADLEY MD SIGNATURE AUTHENTICATED			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) December 20, 2012		21c. HOUR OF DEATH 12:15		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) LINDELL BRADLEY MD, 2375 E. Prater Way Sparks, NV 89434				23b. LICENSE NUMBER 7703	
24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 02, 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) Aortic stenosis					
DUE TO, OR AS A CONSEQUENCE OF					
(b) Coronary artery disease					
DUE TO, OR AS A CONSEQUENCE OF					
(c) Hypertension					
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.				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



BK 0114
PG 1391
1/9/2014

VRS-Rev-20120523a

000104041

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.

01/07/2013

DEPUTY REGISTRAR

Joseph P. Iser MDD,PH,MS
SIGNATURE AUTHENTICATED

DATE ISSUED:

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

