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Doc Number: **0838576**

02/20/2014 03:35 PM

OFFICIAL RECORDS

Requested By:
KELLI HARRIS

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 2 Fee: \$ 15.00
Bk: 0214 Pg: 3470



✓ 726 Addler Rd
Gardnerville NV 89460

APN # 27-861-480
1220-21-110-021

When recorded, mail to and send mail and tax statements sent to:

Cherilyne Lei Retherford and Kelli Harris
758 Kyndal Court, Gardnerville, NV 89410

Document includes certified death certificate per NRS 40.525(5), which contains a social security number required by NRS 440.380(1).

RPTT: _____

AFFIDAVIT OF DEATH OF TRUSTEE

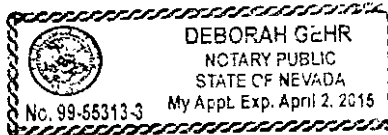
I, Cherilyne Lei Retherford, who being of legal age, and being first duly sworn, deposes and states: That I am the Successor Trustee of the "John Molezzo Revocable Living Trust dated August 19, 1998," for John Molezzo, Trustee, the Decedent who died on November 13, 2013, and who is specifically mentioned in the attached certified copy of Certificate of Death is the same person as John Molezzo, named therein on that certain Quitclaim as the Grantor of said property to his own Trust, as also the Grantee, John Molezzo, Trustee, who executed that certain Document #0448984, Book 0998, Page 1449, on September 9, 1998, of the Official Records of the Douglas County Recorder's Office, in the State of Nevada, covering the following described property situated at:

commonly known as APN#27-861-480, 758 Kyndal Court, Gardnerville, Douglas County, Nevada 89410, legally described as: That portion of Section 21, Township 12 North, Range 20 East, M.D. B. & M., further described as follows: Lot 56 as set forth on the Final Map of Tillman Estates, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on April 12, 1994, in Book 494, at Page 2192, as Document No. 337956.

DATED February 19, 2014.

Cherilyne L. Retherford
Cherilyne L. Retherford, Successor Trustee

State of Nevada)
) s.s.
County of Carson)



Sworn and subscribed to before me, notary public in and for Nevada, Carson County, on February 19, 2014, personally appeared Cherilyne L. Retherford identified, who signed this document.

Deborah Gehr
NOTARY PUBLIC

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2013019177

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) John MOLEZZO		2. DATE OF DEATH (Mo/Day/Year) November 13, 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) 758 Kyndal Court		3d. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 80	
7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS.		8. DATE OF BIRTH (Mo/Day/Yr) June 04, 1933	
9a. STATE OF BIRTH (if not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)		13. SOCIAL SECURITY NUMBER 6533	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Dealer		14b. KIND OF BUSINESS OR INDUSTRY Gaming		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 758 Kyndal Court		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Pasqualino Guiseppe MOLEZZO	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Christina Maria GRABELE		18a. INFORMANT- NAME (Type or Print) Richard J MOLEZZO		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 4200 Hawthorne Road Indian Head, Maryland 20640	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89705	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 623		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) J. MCKONE SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) November 22, 2013		21c. HOUR OF DEATH 09:00		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) J. MCKONE SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) November 22, 2013		22c. HOUR OF DEATH 09:00	
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) J. MCKONE PO Box 218 Minden, NV 89423				23b. LICENSE NUMBER Q301	
24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 26, 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) Arteriosclerotic Cardiovascular Disease				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				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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BK 0214
PG 3471
2/20/2014

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: **12/02/2013**

Rod Whitt
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

