

16-

Doc Number: **0841098**

04/17/2014 03:58 PM

OFFICIAL RECORDS

Requested By
GEORGE M KEELE

APN: 1420-07-711-016

This document contains a
Social Security number
pursuant to NRS 440.380.

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00
Bk: 0414 Pg: 3104



Deputy pk

When recorded, mail to:
George M. Keele
1692 County Road, #A
Minden, NV 89423

AFFIDAVIT OF DEATH

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

I, LYNNE ROLDAO, hereby swear (or affirm) under penalty of perjury, that
the following assertions are true of my own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a
witness as to the matters hereinafter stated. I am the surviving spouse of
MICHAEL JOHN ROLDAO died on October 2, 2013, in Carson City, Nevada.

2. MICHAEL JOHN ROLDAO, the decedent mentioned in the
attached certified copy of Certificate of Death, is the same person as MICHAEL
ROLDAO named as one of the grantees in that certain **Grant, Bargain, Sale
Deed** dated February 27, 2012, executed by Ryan Yaites, Vice President of
JPMorgan Chase Bank, National Association, to MICHAEL ROLDAO AND
LYNNE ROLDAO, husband and wife as community property with right of
survivorship, recorded on February 29, 2012, as Document No. 798085, in Book
212, Page 6026, of Official Records of Douglas County, Nevada, covering the
following described property situated in the County of Douglas, State of Nevada:


Lot 9, in Block F, of SUNRIDGE UNIT NO. 1-A, according to the map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on April 15, 1988, in Book 488, Page 1638, as File No. 176220, Official Records.

Per NRS 111.312, this legal description was previously recorded at Document No. 798085. Book 212, Page 6026, on February 29, 2012.

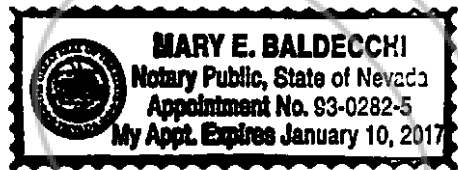


LYNNE ROLDAO

SIGNED AND SWORN TO (or affirmed)
before me on April 16, 2014,
by LYNNE ROLDAO.



Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2013020041
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) Michael John ROLDAO		2. DATE OF DEATH (Mo/Day/Year) October 02, 2013		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 979 Ranchview Circle		3e. If Hosp. or Inst. indicate DOA OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		7a. AGE-Last birthday (Years) 57		7b. UNDER 1 YEAR MOS DAYS 	
5. RACE White (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic 		7c. UNDER 1 DAY HOURS MINS 	
8. DATE OF BIRTH (Mo/Day/Yr) June 21, 1956		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Lynne HAMILTON	
13. SOCIAL SECURITY NUMBER -5586		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Credit Manager		14b. KIND OF BUSINESS OR INDUSTRY Collections	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 979 Ranchview Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) John E ROLDAO			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Bernice M CABOS		
18a. INFORMANT - NAME (Type or Print) Lynne ROLDAO		18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) 979 Ranchview Circle Carson City, Nevada 89705			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenrys Crematory		19c. LOCATION: City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
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) ADAM KLINDSOR 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) ADAM KLINDSOR SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) December 10, 2013		21c. HOUR OF DEATH 21:38		22b. DATE SIGNED (Mo/Day/Yr) December 10, 2013	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 		22c. HOUR OF DEATH 21:38		22d. PRONOUNCED DEAD (Mo/Day/Yr) October 02, 2013	
22e. PRONOUNCED DEAD AT (Hour) 21:38		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner ADAM KLINDSOR 1038 Buckeye Road Minden, NV 89423			
23b. LICENSE NUMBER 446		24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 12, 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) Uremic Pericarditis Interval between onset and death					
(b) Hyperuricemia Interval between onset and death					
(c) Renal Failure 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 1.					
Bronchioloalveolar Adenocarcinoma					
26. AUTOPSY (Specify Yes or No) Yes		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		28h. STREET, OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

084 1098 Page 3 of 3

BK 0414
PG 3106
4/17/2014

VRS-Rev-20120523a

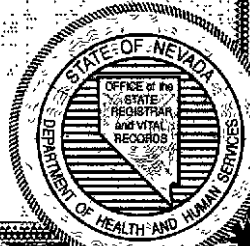


200301 CERTIFIED COPY OF VITAL RECORDS

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: 12/13/2013

Rod White
SIGNATURE AUTHENTICATED



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