

Doc Number: **0841376**

04/22/2014 01:11 PM

OFFICIAL RECORDS

Requested By
GEORGE M KEELE

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 0414 Pg: 4211



Deputy gb

APN: 1320-30-812-024

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

✓ 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, and Sale
Deed** dated January 19, 2012, executed by Susan Gruetzemacher, attorney in
fact for Patricia O. Schutte, to MICHAEL ROLDAO AND LYNNE ROLDAO,
Husband and Wife, as community property with right of survivorship, recorded on
January 31, 2012, as Document No. 796722, in Book 112, Page 6123, of Official
Records of Douglas County, Nevada, covering the following described property
situated in the County of Douglas, State of Nevada:


LOT 11 IN BLOCK B AS SHOWN ON THE MAP OF MOUNTAIN GLEN PHASE 1, IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, FILED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON DECEMBER 28, 1987, FILE NO. 169542.

Per NRS 111.312, this legal description was previously recorded at Document No. 796722. Book 112, Page 6123, on January 31, 2012.

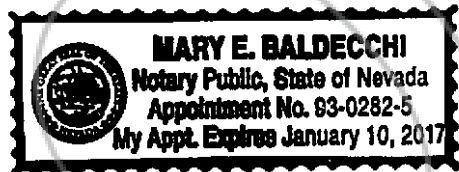


LYNNE ROLDAO

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

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		5. RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 57		7b UNDER 1 YEAR MOS		7c UNDER 1 DAY HOURS	
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		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
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					
21b. DATE SIGNED (Mo/Day/Yr) December 10, 2013		21c. HOUR OF DEATH 21:38		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	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr) October 02, 2013		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 SALEANO 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				Interval between onset and death	
(a) Uremic Pericarditis					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) Hyperuricemia					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) Renal Failure					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d)					
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I 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		STREET OR R.F.D No		CITY OR TOWN STATE	

STATE REGISTRAR

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BK 04 14
PG 42 13
4/22/2014

VRS-Rev-20120523a

525312

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:

APR 18 2014

RudWhan
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE