

APN# 1220-21-710-094



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Francis Dominik Gulotta

Address: 791 Hornet Dr.

City/State/Zip: Gardnerville, NV 89460

Mail Tax Statements to:

Name: Francis Dominik Gulotta

Address: 791 Hornet Dr

City/State/Zip: Gardnerville, NV 89460

Affidavit of Death of Trustee

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Francis Dominik Gulotta

Signature

Francis Dominik Gulotta

Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recording requested by:

Francis Dominik Gulotta

And when recorded, mail to:  
Francis Dominik Gulotta  
791 Hornet Dr.  
Gardnerville, NV 89460

APN: 1220-21-710-094

For recorder's use

### AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada )

)

) ss.

County of Douglas )

)

Francis Dominik Gulotta, of legal age, being first duly sworn, deposes and says:

1. Jacqueline Faye Gullotta, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Jacqueline Faye Gulotta named as Trustee in the Declaration of Trust dated March 5, 1996, and executed by Francis Dominik Gulotta and Jacqueline Faye Gulotta as Trustors and Trustees.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known 791 Hornet Drive, Gardnerville, NV 89460, which property is described in a Deed which was executed by Frank Gulotta and Jan F. Gulotta, husband and wife as joint tenants, as Grantors on November 19, 2009, and recorded as Instrument No. 0754308, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:  
Lot 591, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, as Document No. 72456.
4. I am the surviving Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

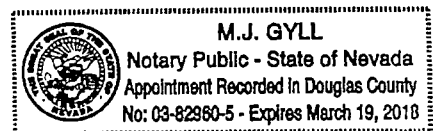
Dated 08/09/2017

Francis Dominik Gulotta  
Francis Dominik Gulotta

State of Nevada  
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 9 day of August, 2017, by Francis Dominik Gulotta, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature [Signature]



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2015015298  
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) <b>Jacqueline Faye GULOTTA</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 02, 2015</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and Inpatient)(Specify) <b>Evergreen Mountain View Health &amp; Rehab Ctr Nursing Home</b>		4. SEX <b>Female</b>	
5. RACE <b>White</b>		8. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>86</b>	
7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>		7d. UNDER 1 DAY <b>MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>May 05, 1929</b>		9a. STATE OF BIRTH (If not U.S.A., <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (Maiden name) <b>Frank GULOTTA</b>	
13. SOCIAL SECURITY NUMBER <b>7405</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Housewife</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>791 Hornet Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Skip WHITCOMB</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Louise MCARTY</b>		
18a. INFORMANT- NAME (Type or Print) <b>Frank GULOTTA</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>791 Hornet Dr, Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
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) <b>STEVEN L PHILLIPS M.D.</b> <b>SIGNATURE AUTHENTICATED</b>		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) <b>September 08, 2015</b>		21c. HOUR OF DEATH <b>18:50</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) <b>Steven L Phillips M.D. 5250 Neil Rd Ste #207 Reno, NV 89502</b>				23b. LICENSE NUMBER <b>6596</b>	
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 08, 2015</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
PART I					
(a) <b>Cardiac Arrest</b>				Minutes	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Atherosclerotic Heart Disease</b>				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Hypertension</b>				Years	
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 1. <b>Advanced Dementia</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
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

6810586

594046 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: 9/10/2015

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

*R. D. White*  
STATE REGISTRAR  
**SIGNATURE AUTHENTICATED**

