

APN: 1220-21-510-176

WHEN RECORDED MAIL TO:

Handelin Law, Ltd
P O Box 4568
Carson City, NV 89702



KAREN ELLISON, RECORDER

MAIL TAX NOTICES TO:

Monte Morillo
Trustee of The Ladicias Morillo Trust
dated August 29, 2002
P O Box 219
Gardnerville, NV 89410

AFFIDAVIT OF DEATH OF TRUSTEE

- 1 That Ladicias Morillo, the decedent mentioned in the attached certified copy of the Certificate of Death is the same person named as the Trustee in that certain Certificate of Trust dated October 17, 2018, executed by Ladicias Morillo, as Trustee
- 2 At the time of the demise of the Decedent, the decedent was the record owner, as Trustee of the Ladicias Morillo Trust dated August 29, 2002, of Real Property commonly known as 1437 Kimmerling Rd , Gardnerville, Nevada 89410 which property is described in the Deed which was signed by Ladicias Morillo, as Grantor and recorded as Document Number 2018-921145 of Official Records on October 18, 2018 The property is situated in the Douglas County, State of Nevada The legal description of said property is as follows

Lot 266 of GARDNERVILLE RANCHOS UNTIL NO. 6, according to the map thereof, filed for record in the office of the County Recorder of Douglas County, State of Nevada on May 29, 1973 in Book 573, Page 1026, as File No. 66512, and on Record of Survey recorded October 1, 1982, in Book 1082, of Official Records at Page 006, as Document No. 71399.

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- 3 I, Monte Morillo, am the named Successor Trustee under the above-referenced Trust, which was in effect at the time of death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked or terminated, and I hereby consent to act as Successor Trustee
- 4 There is no Federal Estate Tax due as the result of death of the decedent mentioned in paragraph 1 above

Pursuant to NRS 440 380, the attached certified Certificate of Death contains the social security number of the Decedent

Per NRS 111 312, this legal description was previously recorded on October 18, 2018, Document No 2018-921145

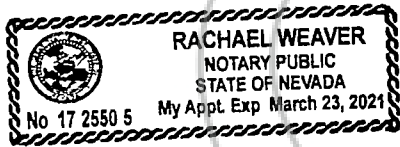
I declare under penalty of perjury, that foregoing is true and correct

DATED this 9th day of November 2018


MONTE MORILLO

STATE OF NEVADA)
 SS
CARSON CITY)

This instrument was acknowledged before me on the 9th day of November, 2018, by **MONTE MORILLO.**




NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO 4047139

CERTIFICATE OF DEATH

2018020444
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) Ladilas MORILLO | | 2 DATE OF DEATH (Mo/Day/Yr) October 23, 2018 | | 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 no) 1437 Kimmerling Rd A | | 3e If Hosp or Ins indicate DOA, OP/Emar Rm Inpatient (Specify) Home Male | |
| 5 RACE (Specify) White | | 6 Hispanic Origin? Specify No - Non-Hispanic | | 7a AGE Last birthday (Years) 82 | |
| 9a STATE OF BIRTH (If not US/CA name country) Michigan | | 9b CITIZEN OF WHAT COUNTRY United States | | 10 EDUCATION 11 | |
| 11 MARITAL STATUS (Specify) Widowed | | 12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) | | 8 DATE OF BIRTH (Mo/Day/Yr) May 21 1936 | |
| 13 SOCIAL SECURITY NUMBER 4261 | | 14a USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b KIND OF BUSINESS OR INDUSTRY Industrial | |
| 15a RESIDENCE - STATE Nevada | | 15b COUNTY Douglas | | 15c CITY TOWN OR LOCATION Gardnerville | |
| 15d STREET AND NUMBER 1437 Kimmerling Rd A | | 15e INSIDE CITY LIMIT? (Specify Yes or No) Yes | | Ever in US Armed Forces? Yes | |
| 16 FATHER/PARENT NAME (First Middle Last Suffix) José MORILLO | | | 17 MOTHER/PARENT NAME (First Middle Last Suffix) Victoria LEAL | | |
| 18a INFORMANT NAME (Type or Print) Monte MORILLO | | 18b MAILING ADDRESS (Street or RFD No City or Town State Zip) PO Box 219 Gardnerville, Nevada 89410 | | | |
| 19a BURIAL CREMATION REMOVAL OTHER (Specify) Cremaion/Burial | | 19b CEMETERY OR CREMATORY NAME Fitzhenry's Crematory | | 19c LOCATION City or Town State Carson City Nevada 89701 | |
| 20a FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) CHRISTIE D WILDE | | 20b FUNERAL DIRECTOR LICENSE NUMBER FD917 | | 20c NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410 | |
| 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) REED DOPF MD | | | 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) October 26, 2018 | | 21c HOUR OF DEATH 07 48 | | 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) | |
| 23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER OR CORONER) (Type or Print) Reed Dopf, MD 907 Mountain Street Carson City NV 89703 | | | | 23b LICENSE NUMBER 13920 | |
| 24a REGISTRAR (Signature) FRED QUIHUIS | | 24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 29, 2018 | | 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)) | | Interval between onset and death | | | |
| PART I (a) Terminal Complications Of End Stage Renal Disease, Withdrawal From Dialysis | | Interval between onset and death | | | |
| (b) DUE TO OR AS A CONSEQUENCE OF Hypertensive Nephropathy | | Years | | | |
| (c) DUE TO OR AS A CONSEQUENCE OF Hypertension | | 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 Parkinson's Disease | | | | 26 AUTOPSY (Specify Yes or No) No | |
| 27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No | | | | | |
| 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 RFD No CITY OR TOWN STATE | |

STATE REGISTRAR

000742465



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 **OCT 31 2018**

Julie Katcheva
STATE REGISTRAR

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

