

DOC # 0231998

10/07/2016 01:57 PM

Official Record

Recording requested By
HOLLON MOLL

Eureka County - NV

Lisa Hoehne - Recorder

Fee: \$16.00 Page 1 of 3

RPTT: Recorded By: LH

Book- 596 Page- 0110

APN: 007-330-23

When recorded, return to:

Hollon D. Moll

P.O. Box 821

Eureka, Nevada 89316



0231998

AFFIDAVIT - DEATH OF JOINT TENANT

Hollon D. Moll, of legal age, being first duly sworn, deposes and says:

That **Velma M. Moll**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Velma M. Moll** named as one of the parties in the certain Grant Bargain and Sale Deed dated on the 29th day of April, 1997, and recorded as Document No. 166769, Official Records of Eureka County, Nevada covering the following described property situated in the County of Eureka, State of Nevada.

Parcel 1: Lots 9, 10, 11, and 12 of Section 1, T.20N., R.53E., MDM.

EXCEPTING FROM Parcel 1, all oil and gas lying in and under said land as reserved by the United States of America, in Patent recorded November 26, 1963, in Book 2, Page 8, Official Records, Eureka County, Nevada

Parcel 2: Lots 1, 2, and 5 of Section 1, T.20N., R.53E., MDM.

EXCEPTING FROM Parcel 2, fifty percent (50%) of all gas, oil and mineral rights lying in and under said land as reserved by Maria Teresa Labarry, et al, in Deed recorded January 5, 1973, in Book 44, Page 222, Official Records, Eureka County, Nevada.

TOGETHER with any and all buildings and improvements situate thereon.

TOGETHER with all minerals now owned by the first parties, if any.

TOGETHER with all water, water rights, rights to the use of water, dams, ditches, canals, pipelines, reservoirs, wells, pumps, pumping stations, and all other means for the diversion or use of water appurtenant to the said land or part thereof, for irrigation, stock watering, domestic or any other use, including, but not limited to, the following permits issued by the Nevada State Division of Water Resources: Permit Nos. 18623, 42889, 42890, 42891, 42893 and 42892/44622.

(Legal Description can be found in the Deed recorded as Document Number 166770, in the Office of the County Recorder of Eureka County, State of Nevada on April 29 1997.)

WITNESS WHEREOF, I, Hollon D. Moll, am the successor Joint Tenant under the above referenced Document, and I hereby consent to act as such.

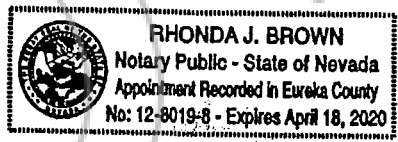
There is no federal estate tax due as the result of the death of the decedent mentioned above. I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

By: *Hollon D. Moll*
Hollon D. Moll

STATE OF NEVADA)
) SS
COUNTY OF Eureka)

On this 06th day of September, 2016, before me, the undersigned, a Notary Public in and for said State, personally appeared, Hollon D. Moll personally known to me or proved to me on the basis of satisfactory evidence to be the person, described in and who executed the above and foregoing instrument.

Rhonda J. Brown
Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN JOAQUIN

STOCKTON, CALIFORNIA

CERTIFICATE OF DEATH

3 2005 39 004298

STATE FILE NUMBER		DATE OF DEATH		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
VELMA		MAY		MOLL	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. UNDER ONE YEAR	
08/02/1936		69		7. UNDER 24 HOURS	
8. BIRTH (STATE/FOREIGN COUNTRY)		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
12. EDUCATION - Highest Level (Voc. Tech. or higher) (See instructions on back)		14/13. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If not, see instruction on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see instruction on back)	
SOME COLLEGE		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)		18. YEARS IN OCCUPATION	
ACCOUNTANT		ACCOUNTING SERVICES		50	
20. DECEDENT'S RESIDENCE (Street and number) (or location)					
6TH STREET AT HWY 101					
21. CITY		23. ZIP CODE		24. YEARS IN COUNTY	
EUREKA		EUREKA 89316		9	
22. COUNTY/PROVINCE		25. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number) or full PO box number, city or town, state, ZIP	
EUREKA		EUREKA		P.O. BOX 821, EUREKA, NV 89316	
28. NAME OF SURVIVING SPOUSE - FIRST					
HOLLON, DALE MOLL - HUSBAND					
29. NAME OF FATHER - FIRST		31. MIDDLE		33. LAST (Maiden Name)	
GEARLE		DALE		MOLL	
30. NAME OF MOTHER - FIRST		32. MIDDLE		34. BIRTH STATE	
ELLA		ETTA		CA	
35. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
12/21/2005		PARK VIEW CEMETERY, 3661 E. FRENCH CAMP ROAD, MANTECA, CA 95336			
39. TYPE OF DISPOSITION(S)					
BURIAL					
41. NAME OF FUNERAL ESTABLISHMENT		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
FRISBIE-WARREN & CARROLL-MORTUARY, FD 328		<i>Nicole B. Mortenson</i>		8862	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
FD 328		<i>Randy J. Ramirez</i>		12/16/2005 CA	
101. PLACE OF DEATH					
Doctors Hospital of Manteca					
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
<input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> P <input type="checkbox"/> EOP <input type="checkbox"/> OOA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
San Joaquin		1205 E. North St		Manteca	
107. CAUSE OF DEATH					
IMMEDIATE CAUSE - (A) (Final disease or condition resulting in death) → Atherosclerotic Cardiovascular Disease					
108. DEATH REPORTED TO CORONER?					
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
109. BIOPSY PERFORMED?					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
110. AUTOPSY PERFORMED?					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
111. USED IN DETERMINING CAUSE?					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107)					
113. WAS OPERATION PERFORMED FOR ANY CONDITION (ITEM 107 OR 112) (Yes, list type of operation and date)					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
<i>AL Ortiz / Dep Coroner</i>				12/15/2005	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
119. MANNER OF DEATH: Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
125. SIGNATURE OF CORONER / DEPUTY CORONER					
126. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
12/15/2005		AL ORTIZ / DEP CORONER			
STATE REGISTRAR		FAX AUTH # 34482		CENSUS TRACT	

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Steve J. Bestolarides
 EFFECTIVE 08/25/2015
 STEVE J. BESTOLARIDES, RECORDER

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
 COUNTY OF SAN JOAQUIN

DATE ISSUED SEP 19 2016 * 0 0 1 0 9 7 0 0 3 *

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Joaquin County Recorder.

Kenneth W. Blakemore
 KENNETH W. BLAKEMORE, Recorder
 SAN JOAQUIN COUNTY, CALIFORNIA

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

