

DOC # 0231998

10/07/2016

01:57 PM

Official Record

Recording requested By
HOLLON MOLL

Eureka County - NV

Lisa Hoehne - Recorder

Fee: \$16.00

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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.

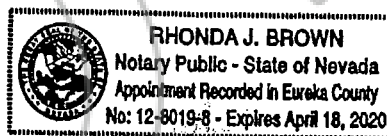
By:

Hollon D. Moll
Hollon D. Moll

STATE OF NEVADA)
COUNTY OF Eureka) ss

On this 26th 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



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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN JOAQUIN

STOCKTON, CALIFORNIA

CERTIFICATE OF DEATH

3 2005

39 004298

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE	
VELMA		MAY	
3. LAST (Family)		MOLL	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.	
08/02/1936		69	
6. UNDER ONE YEAR		7. UNDER 24 HOURS	
8. SEX		F	
9. BIRTH (STATE/FOREIGN COUNTRY)		10. SOCIAL SECURITY NUMBER	
CA			
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION - Highest Level (Vocational, College, etc.)		14. DATE OF DEATH mm/dd/yyyy	
SOME COLLEGE		12/14/2005	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. DECEASED'S RACE - Up to 3 races may be listed (see instructions on back)	
ACCOUNTANT		CAUCASIAN	
17. DECEASED'S RESIDENCE (Street and number, city, state, and ZIP)		18. YEARS IN OCCUPATION	
6TH STREET AT HWY 101		50	
19. CITY		20. COUNTY/PROVINCE	
EUREKA		EUREKA	
21. ZIP CODE		22. YEARS IN COUNTY	
89316		9	
23. STATE/FOREIGN COUNTRY		24. INFORMANT'S NAME, RELATIONSHIP	
NV		BOLLON DALE MOLL - HUSBAND	
25. INFORMANT'S MAILING ADDRESS (Street and number, city, state, and ZIP)		26. NAME OF SURVIVING SPOUSE - FIRST	
P.O. BOX 821, EUREKA, NV 89316		DALE	
27. NAME OF FATHER - FIRST		28. MIDDLE	
GEARLE		MOLL	
29. NAME OF MOTHER - FIRST		30. MIDDLE	
ELLA		BROOKS	
31. NAME OF OTHER NEXT OF KIN - FIRST		32. MIDDLE	
ETTA		DOTSON	
33. DISPOSITION DATE mm/dd/yyyy		34. PLACE OF FINAL DISPOSITION	
12/21/2005		PARK VIEW CEMETERY, 3661 E. FRENCH CAMP ROAD, MANTECA, CA 95336	
35. TYPE OF DISPOSITION		36. SIGNATURE OF EMPLOYER	
BURIAL		<i>Nicole B. Mortenson</i>	
37. NAME OF FUNERAL ESTABLISHMENT		38. LICENSE NUMBER	
FRISBIE-WARREN & CARROLL-MORTUARY, FD 328		8862	
39. PLACE OF DEATH		40. SIGNATURE OF LOCAL REGISTRAR	
Doctors Hospital of Manteca		<i>Russell J. Ramirez</i>	
41. COUNTY		42. DATE mm/dd/yyyy	
San Joaquin		12/16/2005 CB	
43. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		44. CITY	
1205 E. North St.		Manteca	
45. CAUSE OF DEATH		46. DEATH REPORTED TO CORONER?	
Atherosclerotic Cardiovascular Disease		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
47. IMMEDIATE CAUSE - (A) Final disease or condition resulting in death		48. YEARS	
		2005-1302	
49. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		50. BIOPSY PERFORMED?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
51. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date)		52. AUTOPEX PERFORMED?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
53. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		54. USED IN DETERMINING CAUSE?	
55. SIGNATURE AND TITLE OF CERTIFIER		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
56. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		57. LICENSE NUMBER	
		58. DATE mm/dd/yyyy	
59. I CERTIFY THAT IN MY PRIVATE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		60. INJURED AT WORK?	
61. MANNER OF DEATH		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
62. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		63. INJURY DATE mm/dd/yyyy	
		64. HOUR (24 Hours)	
65. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
66. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
67. SIGNATURE OF CORONER / DEPUTY CORONER		68. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
<i>AL Ortiz / Dep Coroner</i>		AL ORTIZ / DEP CORONER	
69. DATE mm/dd/yyyy		70. FAX AUTH #	
12/15/2005		34482	
71. STATE REGISTRAR		72. CENSUS TRACT	
A B C D E			

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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

SS. 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, Recorder
SAN JOAQUIN COUNTY, CALIFORNIA

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

