

**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 29<sup>th</sup> 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.

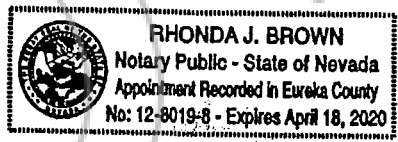
There is no federal estate tax due as the result of the death of the decedent mentioned above. I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

By: Hollon D. Moll  
Hollon D. Moll

STATE OF NEVADA )  
                          ) SS  
COUNTY OF Eureka )

On this 26<sup>th</sup> 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 yes, list ethnicity in block)		16. DECEDENT'S RACE - Up to 3 races may be listed (see instructions on back)	
SOME COLLEGE		YES <input checked="" type="checkbox"/>		CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
ACCOUNTANT		ACCOUNTING SERVICES		50	
20. DECEDENT'S RESIDENCE (Street and number) (or location)					
6TH STREET AT HWY 101					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
EUREKA		EUREKA		89316	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
9		NV			
26. INFORMANT'S NAME, RELATIONSHIP					
ROLLON DALE MOLL - HUSBAND					
27. INFORMANT'S MAILING ADDRESS (Street and number) or full PO box number, city or town, state, ZIP					
P.O. BOX 821, EUREKA, NV 89316					
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST ( Maiden Name)	
HOLLON		DALE		MOLL	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
GEARLE				BROOKS	
34. NAME OF MOTHER - FIRST		35. MIDDLE		36. LAST (Maiden)	
ELLA		ETTA		DOTSON	
37. BIRTH STATE		38. BIRTH STATE		39. BIRTH STATE	
CA		CA		AR	
40. DISPOSITION DATE mm/dd/yyyy		41. PLACE OF FINAL DISPOSITION			
12/21/2005		PARK VIEW CEMETERY, 3661 E. FRENCH CAMP ROAD, MANTECA, CA 95336			
42. TYPE OF DISPOSITION(S)		43. SIGNATURE OF EXAMINER		44. LICENSE NUMBER	
BURIAL		<i>Nicole B. Mortenson</i>		8862	
45. NAME OF FUNERAL ESTABLISHMENT		46. LICENSE NUMBER		47. SIGNATURE OF LOCAL REGISTRAR	
FRISBIE-WARREN & CARROLL-MORTUARY		FD 328		<i>Ronald J. Ramirez</i>	
48. PLACE OF DEATH		49. IF HOSPITAL, SPECIFY ONE		50. IF OTHER THAN HOSPITAL, SPECIFY ONE	
Doctors Hospital of Manteca		S <input checked="" type="checkbox"/> P <input type="checkbox"/> ENCP <input type="checkbox"/> OOA <input type="checkbox"/>		Nursing Home/ LTC <input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/>	
51. COUNTY		52. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number) (or location)		53. CITY	
San Joaquin		1205 E. North St		Manteca	
54. CAUSE OF DEATH - Enter the chain of events - disease, injury, or complication - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular fibrillation without denoting the etiology. DO NOT abbreviate.					
IMMEDIATE CAUSE - (A) (Final disease or condition resulting in death) → Atherosclerotic Cardiovascular Disease					
55. DEATH REPORTED TO CORONER? (Time Interval Between Death and Call)					
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
56. DEATH REPORTED TO CORONER? (Time Interval Between Death and Call)					
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
57. BIOPSY PERFORMED?					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
58. AUTOPSY PERFORMED?					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
59. USED IN DETERMINING CAUSE?					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
60. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107)					
61. WAS OPERATION PERFORMED FOR ANY CONDITION (ITEM 107 OR 110) (Yes, list type of operation and date)					
62. IF FEMALE, PREGNANT IN LAST YEAR?					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>					
63. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		64. SIGNATURE AND TITLE OF CERTIFIER		65. LICENSE NUMBER	
(A) mm/dd/yyyy		<i>AL Ortiz / Dep Coroner</i>		12/15/2005	
66. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		67. NATURE OF DEATH		68. INJURED AT WORK?	
Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicidal <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>		Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicidal <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
69. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		70. INJURY DATE mm/dd/yyyy		71. HOUR (24 Hours)	
72. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		73. INJURY DATE mm/dd/yyyy		74. HOUR (24 Hours)	
75. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		76. SIGNATURE OF CORONER / DEPUTY CORONER		77. DATE mm/dd/yyyy	
78. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		79. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		80. FAX AUTH. #	
81. STATE REGISTRAR		82. CENSUS TRACT		83. FAX AUTH. #	
A B C D E		34482		34482	

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

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA } 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*  
 KENNETH W. BLAKEMORE, Recorder  
 SAN JOAQUIN COUNTY, CALIFORNIA

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

