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Doc Number: **0815471**

12/31/2012 03:03 PM

OFFICIAL RECORDS

Requested By
GUILD, RUSSELL, GALLAGHER & FULLER

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 6 Fee: \$ 19.00

Bk: 1212 Pg: 8564 RPTT # 3



Deputy 59

APN # 1318-03-111-053

Recording Requested by:

✓ **Name** John K. Gallagher, Esq.
Guild, Russell, Gallagher & Fuller, Ltd.

Address P.O. Box 2838

City/State/Zip Reno, NV 89505

(for Recorder's use only)

RE-RECORD DEATH OF GRANTOR
AFFIDAVIT, DOCUMENT NO. 0814425

(Title of Document)

I hereby affirm that this document submitted for recording does not contain a social security number.

Signed: *Paul D. Quandt*
Print name & title: Paul D. Quandt, Esq., Attorney at law

**This page added to provide additional information required by NRS 111.312 Sections 1-2.
(Additional recording fee applies)**

This cover page must be typed or printed.

A.P.N.: 1318-03-111-053

WHEN RECORDED, RETURN TO:

JOHN K. GALLAGHER, ESQ.
100 West Liberty Street, Suite 800
P. O. Box 2838
Reno, Nevada 89505

Mailing Address of Grantee/Mail Tax Statements to:

Brook Ann Ramos
P.O. Box 791
Zephyr Cove, Nevada 89448

DEATH OF GRANTOR AFFIDAVIT

BROOK ANN RAMOS, being duly sworn, deposes and says that BARBARA ANN NELSON, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as BARBARA ANN NELSON, named as the Grantor in the Grant, Bargain and Sale Deed Effective Upon Death, NRS 111.109, recorded on October 7, 2008, as Document Number 0731157, Book 1008, at page 985, records of Douglas County, Nevada, covering the real property located in the County of Douglas, State of Nevada, and more particularly described as follows::

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Parcel 1:

Lot 120, as shown on the map of SKYLAND SUBDIVISION NO. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on July 22, 1959, as Document No. 14668.

EXCEPTING THEREFROM all that portion of Lot 120 Skyland Subdivision No. 2, recorded July 22, 1959, File No. 14668, more particularly described as follows:

Beginning at the Northeast corner of Lot 120, thence along the Easterly line of said Lot 120 South 08° 28' 32" West 2.50 feet; thence North 88° 04' 23" West 46.07 feet to a point on the North line of Lot 120; thence along said North line North 88° 51' 35" East 46.42 feet to the Point of Beginning.

Parcel 2:

All that portion of Lot 121, Skyland Subdivision No. 2, recorded July 22, 1959, File No. 14668, more particularly described as follows:

Beginning at the Southwest corner of Lot 121, thence Northwesterly along the Westerly line of said Lot 121 along a curve concave to the West with a radius of 125 feet; thence South 88° 04' 23" East 46.69 feet to a point on the South line of said Lot 121; thence along said South line South 88° 51' 35" West 46.71 feet to the Point of Beginning.

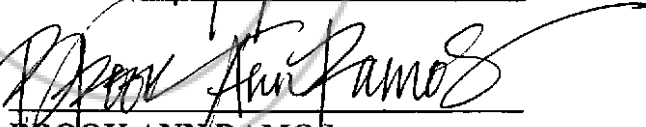
Parcel 3:

TOGETHER WITH a non-exclusive right-of-way for access to the waters of Lake Tahoe and for beach and recreational purposes as set forth in Deed recorded February 5, 1960, in Book 1, Page 268, File No. 15573, Official Records.

APN 05-033-12

The above description was taken from Document No. 0731157, Book 1008, Page 988, Recorded October 7, 2008.

BROOK ANN RAMOS is at least one of the beneficiaries to whom the real property is conveyed upon the death of the Grantor BARBARA ANN NELSON. The beneficiaries and Grantees listed in the Grant, Bargain and Sale Deed Effective Upon Death, NRS 111.109, are BROOK ANN RAMOS and MEGAN RAE BRIESE, as joint tenants with right of survivorship.

DATED: 12/16/12

BROOK ANN RAMOS

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STATE OF NEVADA)
)ss:
COUNTY OF WASHOE)

On this 6th day of December, 2012, personally appeared before me, a Notary Public, in and for said County and State, BROOK ANN RAMOS, and proved to me to be the person whose name is subscribed to the above instrument, and who acknowledged that she executed the same freely and voluntarily and for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.



NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2012012278
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) Barbara Ann NELSON		2. DATE OF DEATH (Mo/Day/Year) August 02, 2012		3a. COUNTY OF DEATH Douglas	
5b. CITY, TOWN, OR LOCATION OF DEATH Zephyr Cove		5c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) 160 Lynn Way		5e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 69	
7b. UNDER 1 YEAR MOS - DAYS		7c. UNDER 1 DAY HOURS - MINS		8. DATE OF BIRTH (Mo/Day/Yr) July 17, 1943	
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)			
13. SOCIAL SECURITY NUMBER 6921		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner/operator		14b. KIND OF BUSINESS OR INDUSTRY Realty	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
15d. STREET AND NUMBER 160 Lynn Way		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16 FATHER/PARENT - NAME (First Middle Last Suffix) Berger NELSON			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Norma BRIESE		
18a. INFORMANT - NAME (Type or Print) Megan R BRIESE			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) P.O. Box 5612 Stateline, Nevada 89449		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Lone Mountain Cemetery		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 820		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) FRANK ANTHONY SHALLENBERGER M.D. SIGNATURE AUTHENTICATED			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) August 07, 2012		21c. HOUR OF DEATH 23:25		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) Frank Anthony Shallenberger M.D. 896 W Nye Ste 103 Carson City, NV 89703				23b. LICENSE NUMBER 4951	
24a. REGISTRAR (Signature) MICHELE L YOUNG SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 07, 2012		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).)					
PART I				Interval between onset and death	
(a) Pulmonary Failure					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Metastatic Breast Cancer					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)					
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.				26. AUTOPSY (Specify Yes or No) NO	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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

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VRS-REV-20120523a

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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: 09/07/2012

Rand White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

