

45-

Assessor's Parcel Number: 1320-33-816-068

Recording Requested By:

Name: Patti L. Graf

✓ Address: 1740 Buckthorn Ct

City/State/Zip Minden, NV 89423

Real Property Transfer Tax:

\$ _____

Doc Number: **0840723**

04/07/2014 11:59 AM

OFFICIAL RECORDS

Requested By:
PATTI L GRAF

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 7 Fee: \$ 45.00

Bk: 0414 Pg: 1251



Deputy: sg

Affidavit of Death of Joint Tenants

(Title of Document)

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 legibly hand printed.

Affidavit of Death

STATE OF Nevada
COUNTY OF Douglas

I, Patti Graf, residing at 1740 Buckthorn Court, Minden, Nevada 89423, being of legal age, depose and say that:

That Gary J. Graf, 1740 Buckthorn Court, Minden, Nevada 89423 died on Dec. 16, 2013 as evidenced by a certified copy of the Certificate of Death, attached hereto;

That decedent owned the following property described in the real property deed attached hereto and incorporated herein;

That I am the successor to the estate of the decedent and to the decedents interest in the described property and no other person has a superior right to the interest of the decedent in the described property;

That no proceeding is being or has been conducted in Nevada for administration of the decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

Oath or Affirmation:

I certify under penalty of perjury under Nevada law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

Patti L. Graf
4.7.14 Date
Patti L. Graf

STATE OF NEVADA, COUNTY OF DOUGLAUS, ss:

This Affidavit was acknowledged before me on this 17th day of April, 2014 by Patti Graf, who, being first duly sworn on oath according to law, deposes and says that ~~he~~ she has read the foregoing Affidavit subscribed by ~~him~~ her, and that the matters stated herein are true to the best of ~~his~~ her information, knowledge and belief.



Jennie Jackson
Notary Public

Title (and Rank)

My commission expires 03/18/2017

BK. 0414
PG. 1253
4/7/2014

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COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2013020792

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) Gary J GRAF		2. DATE OF DEATH (Mo/Day/Year) December 16, 2013		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 1740 Buckthorn Court		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE - White (Specify)		6. DATE OF BIRTH (Mo/Day/Yr) May 16, 1952	
6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 61		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr)		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
9a. STATE OF BIRTH (If not U.S.A. name country) New York		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
12. SURVIVING SPOUSE (if wife, give maiden name) Patti DISTERDICK		13. SOCIAL SECURITY NUMBER 4018		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) V P Strategic Sourcing	
14b. KIND OF BUSINESS OR INDUSTRY Chemical		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 1740 Buckthorn Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16 FATHER/PARENT - NAME (First Middle Last Suffix) George GRAF			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Gloria LODER		
18a. INFORMANT - NAME (Type or Print) Patti GRAF			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1740 Buckthorn Court Minden, Nevada 89423		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION - City or Town - State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		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 Be Completed by CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RALPH HERBIG DO SIGNATURE AUTHENTICATED			22a. To Be Completed by CORONER'S OFFICE 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) December 18, 2013		21c. HOUR OF DEATH 04:25		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Ralph Herbig DO 1540 Hwy 395 N, Ste E Gardnerville, NV. 89410			
23b. LICENSE NUMBER 984				24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 26, 2013		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) Cardiopulmonary Arrest				Minutes	
(b) Electrolyte Imbalance				Interval between onset and death	
(c) Hepatic Failure				Hours	
(d) Alcohol Abuse				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				Interval between onset and death	
26. AUTOPSY (Specify Yes or No) No				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC. SUICIDE, HOMICIDE, 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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BK 04 14
PG 1254
4/7/20 14

VRS-Rev.20120523a

CERTIFIED COPY OF VITAL RECORDS

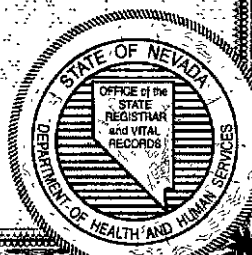
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

12/26/2013

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

STATE REGISTRAR
R. J. White
SIGNATURE AUTHENTICATED



DOC # 796747
01/31/2012 02:42PM Deputy: KE
OFFICIAL RECORD
Requested By:
Western Title Company
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-112 PG-6357 RPTT: 565.50

APN#: 1320-33-816-068
RPTT: \$565.50

Recording Requested By:
Western Title Company
Escrow No.: 046131-TEA
When Recorded Mail To:
Gary J. Graf
Patti L. Graf
P.O. Box 2259
Minden, NV 89423

Mail Tax Statements to: (deeds only)

Same as above

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.

(Re: NRS 239B.030)

Signature Traci Adams Escrow Officer

Grant, Bargain, and Sale Deed

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

GRANT, BARGAIN AND SALE DEED

THIS INDENTURE WITNESSETH: That

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

NRES-NV1 LLC

do(es) hereby GRANT(s) BARGAIN SELL and CONVEY to

Gary Graf and Patti Graf, husband and wife as joint tenants with right of survivorship

and to the heirs and assigns of such Grantee forever, all the following real property situated in the City of Gardnerville, County of Douglas State of Nevada bounded and described as follows:

Lot 15, in Block B, as shown on the Final Subdivision Map # 1006-11 of CHICHESTER ESTATES PHASE 11, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 27, 2002, in Book 1202, Page 12732, as Document No. 562225, and amended March 27, 2003 in Book 303, Page 13037, as Document No. 571430.

TOGETHER with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated: 12/26/2011

Grant, Bargain and Sale Deed - Page 2



By: Jeremy Page, Manager

STATE OF NEVADA

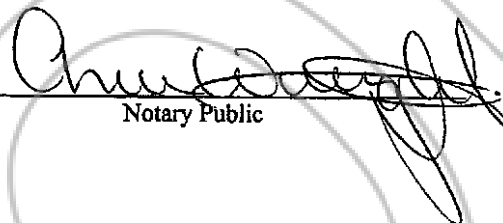
COUNTY OF CARSON CITY

This instrument was acknowledged before me on

January 30, 2012

by Jeremy Page.

} ss



Notary Public

