



KAREN ELLISON, RECORDER E03

APN# 1420-33-312-066

R.P.T.T. \_\_\_\_\_

self prepared on line

When recorded and tax data, mail to:

Marvin A. Schwartz

~~1315 Wrangler Circle, Minden, NV 89423~~ →

Document includes certified death certificate per NRS 40.525(5), which contains a social security number required by NRS 440.380(1).

P.O. Box 6327   
Tahoe City, CA, 96145-6327

**AFFIDAVIT OF DEATH OF GRANTOR**

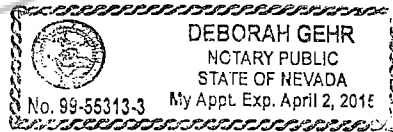
I, Marvin Arhtur Schwartz, who is of legal age, being first duly sworn, deposes and says: That my brother, Allan Edward Schwartz, is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as Allan Edward Schwartz, is the Grantor in that certain document, Grant, Bargain, Sale Deed, signed and dated by Allan Edward Schwartz, on January 16, 2014, and executed by Allan Edward Schwartz, to establish his brother, Marvin Arthur Schwartz, as Grantee, recorded as Document No. 0836868 on January 17, 2014, in the Official Records of <sup>Douglas</sup> Carson County Recorder's Office, commonly described APN# 1420-33-312-066, as 1315 Wrangler Circle, Minden, Douglas County, Nevada 89423, and legally described as follows:

Please see "Exhibit A," the legal description attached and referenced herein.

DATED February 9, 2015.

Marvin A. Schwartz, Surviving Trustee

State of Nevada        )  
                                  )S.S.  
County of Carson City)



Sworn/Subscribed to before me, Notary Public in and for Nevada, Carson City, on February 9, 2015, personally appeared identified Marvin A. Schwartz, who signed this document.

\_\_\_\_\_  
NOTARY PUBLIC

Exhibit "A"

DOC # 0638583  
03/10/2005 04:23 PM Deputy: BC  
**OFFICIAL RECORD**  
Requested By:  
FIRST AMERICAN TITLE

A.P.N.: 1420-33-312-066  
File No: 131-2189820 (GB)  
R.P.T.T.: \$1,540.50

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 2 Fee: 15.00  
BK-0305 PG- 4125 RPIT: 1540.50

When Recorded Mail To: Mail Tax Statements To:  
Allan E. Schwartz  
1315 Wrangler Circle  
Minden, NV 89423

**GRANT, BARGAIN and SALE DEED**

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

Lisa Randall, a married woman as her sole and separate property

do(es) hereby *GRANT, BARGAIN and SELL* to

Allan E. Schwartz, a single man

the real property situate in the County of Douglas, State of Nevada, described as follows:

**LOT 170, AS SHOWN ON THE FINAL MAP OF WILDHORSE UNIT 6, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MARCH 15, 1994 IN BOOK 394, PAGE 2741, AS DOCUMENT NO. 332336.**

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

Date: 02/14/2005

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

#### CERTIFICATE OF DEATH

STATE FILE NUMBER  
**2015000352**

TYPE OR PRINT IN PERMANENT BLACK INK  IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  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) <b>Allan Edward SCHWARTZ</b>	2. DATE OF DEATH (Mo/Day/Year) <b>January 06, 2015</b>	3a. COUNTY OF DEATH <b>Douglas</b>	
DECEDENT	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>	3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street or Inpatient (Specify)) <b>1315 Wrangler Circle Home</b>	3e. If Hosp. or inst. indicate DOA, OP/Emer. Rm. <b>Home</b>	4. SEX <b>Male</b>
	5. RACE (Specify) <b>White</b>	6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>85</b>	7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS
	7c. UNDER 1 DAY HOURS   MINS	8. DATE OF BIRTH (Mo/Day/Yr) <b>April 10, 1929</b>		
	9a. STATE OF BIRTH (If not U.S.A., <b>New York</b>	9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>12</b>	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>
	12. SURVIVING SPOUSE (Maiden name)	13. SOCIAL SECURITY NUMBER <b>2454</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Draftsman</b>
	14b. KIND OF BUSINESS OR INDUSTRY <b>General Electric</b>	Ever in US Armed Forces? <b>Yes</b>		
	15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Minden</b>	15d. STREET AND NUMBER <b>1315 Wrangler Circle</b>
	15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
	16. FATHER/PARENT - NAME (First Middle - Last Suffix) <b>Leland Edward SCHWARTZ</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Carmeta Elva MANCLOW</b>	
	18a. INFORMANT - NAME (Type or Print) <b>Marvin A SCHWARTZ</b>		18b. MAILING ADDRESS: (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 6327 Tahoe City, California 96145</b>	
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>	19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>	19c. LOCATION: City or Town, State <b>Carson City Nevada 89706</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CURT KOESTLER</b>	20b. FUNERAL DIRECTOR LICENSE NUMBER <b>823</b>	20c. NAME AND ADDRESS OF FACILITY <b>Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703</b>	
	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) <b>NITA SCHWARTZ M.D.</b>		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) <b>January 14, 2015</b>	21c. HOUR OF DEATH <b>11:40</b>	22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>9114</b>	
	24a. REGISTRAR (Signature) <b>NICOLE SHORE</b>	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 14, 2015</b>	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 (a) <b>Prostate Cancer, Metastatic</b> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)		Interval between onset and death	
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. AUTOPSY (Specify Yes or No) <b>No</b>	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>			
	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

**560438**

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.

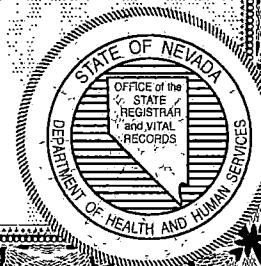
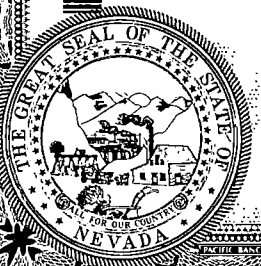
DATE ISSUED: **1/15/2015**

*R. J. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a



STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1420-33-312-066  
 b) \_\_\_\_\_  
 c) \_\_\_\_\_  
 d) \_\_\_\_\_

2. Type of Property:  
 a)  Vacant Land    b)  Single Fam. Res.  
 c)  Condo/Twnhse    d)  2-4 Plex  
 e)  Apt. Bldg    f)  Comm'l/Ind'l  
 g)  Agricultural    h)  Mobile Home  
 i)  Other \_\_\_\_\_

FOR RECORDERS OPTIONAL USE ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: <u>W- Saw Will dated 1/2/14.</u>	

3. Total Value/Sales Price of Property: \$ \_\_\_\_\_ 0.00  
 Deed in Lieu of Foreclosure Only (value of property) ( \_\_\_\_\_ 0.00  
 Transfer Tax Value: \$ \_\_\_\_\_ 0.00  
 Real Property Transfer Tax Due: \$ \_\_\_\_\_ 0.00

4. If Exemption Claimed:  
 a. Transfer Tax Exemption per NRS 375.090, Section # 83  
 b. Explain Reason for Exemption: Grantor died in deed upon death, transfer to brother as recorded by Grantor, no sale, no consideration. pursuant to Will of Allan E Schwartz dated 1/2/14.  
 5. Partial Interest: Percentage being transferred: \_\_\_\_\_ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Marvin A Schwartz Capacity Grantee Marvin Schwartz  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Allan E. Schwartz, deceased grantor  
 Address: 1315 Wrangler Circle  
 City: Minden  
 State: NV Zip: 89423

Print Name: Marvin A. Schwartz  
 Address: 1315 Wrangler Circle  
 City: Minden  
 State: NV Zip: 89423

COMPANY/PERSON REQUESTING RECORDING  
(required if not the seller or buyer)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)