

16- APN: 1022-09-002-061



KAREN ELLISON, RECORDER E05

After Recording, Mail to:

✓ James D. Whitney
2006 Cambridge Place
South Pasadena, CA 91030

Mail Tax Statements to:

Same as above

The undersigned affirms that this document does contain the social security number of a person.
(NRS 239B.030).

DEATH OF GRANTOR AFFIDAVIT

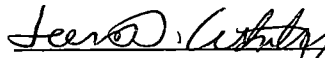
JAMES D. WHITNEY, being duly sworn, deposes and says that Geraldine Mathilda Whitney, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Geraldine Whitney named as the grantor in the Transfer on Death Deed recorded on October 8, 2009, in Book 1009, at page 1847, document number 0751961, official records of Douglas County, Nevada, covering the following legal property:

Lot 24, as shown on the map of TOPAZ RANCH ESTATES, UNIT NO. 3, filed in the Office of the County Recorder of Douglas County, State of Nevada, on March 31, 1969, as Document No. 44091.

James D. Whitney is the grantee or at least one of the grantees to whom the real property is conveyed upon the death of the grantor Geraldine Whitney or is the authorized representative of the grantee or at least one of the grantees.

Per NRS 111.312, this legal description was previously recorded at Document No. 0751961, Book 1009, Page 1847, on October 8, 2009.

Dated August 13, 2015



JAMES D. WHITNEY

CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

State of California)
)ss.
County of Los Angeles)

On August 13, 2015, before me, Geena Marie Gallegos, Notary Public, personally appeared JAMES D. WHITNEY, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Geena Marie Gallegos (Seal)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015011872

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) Geraldine Mathilda WHITNEY			2. DATE OF DEATH (Mo/Day/Year) June 27, 2015		3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and no.) 3765 Topaz Ranch Road			3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home		
4. SEX Female		5. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 88	
7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 23, 1926			
9a. STATE OF BIRTH (if not U.S.A.) Michigan		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
12. SURVIVING SPOUSE (Maiden name)		13. SOCIAL SECURITY NUMBER -7569		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Steel Heat Treating	
14c. Ever in US Armed Forces? No		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 3765 Topaz Ranch Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Gerald GRANDY			
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Impi VIENOLA				18a. INFORMANT - NAME (Type or Print) James WHITNEY			
18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2006 Cambridge Place South Pasadena, California 91030				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			
19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory				19c. LOCATION City or Town State Sparks Nevada 89431			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Creations 1575 N Lompa Ln Carson City NV 89701			
20d. SIGNATURE AUTHENTICATED							
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) JOANNE SUMMERS				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) JOANNE SUMMERS			
21b. DATE SIGNED (Mo/Day/Yr) July 15, 2015		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) July 15, 2015		22c. HOUR OF DEATH 08:26	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. PRONOUNCED DEAD (Mo/Day/Yr) June 27, 2015		22e. PRONOUNCED DEAD AT (Hour) 08:18	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy JOANNE SUMMERS 1038 Buckeye Rd Minden, NV 89423						23b. LICENSE NUMBER 432	
24a. REGISTRAR (Signature) RHONDA PENA				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 15, 2015		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) Hypertensive Interval between onset and death							
DUE TO, OR AS A CONSEQUENCE OF							
(b) Arteriosclerotic Cardiovascular Disease Interval between onset and death							
DUE TO, OR AS A CONSEQUENCE OF							
(c) Osteoarthritis Interval between onset and death							
DUE TO, OR AS A CONSEQUENCE OF							
(d)							
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) 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

586960

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.

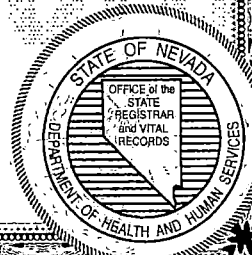
DATE ISSUED:

7/15/2015

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

R. J. Whelan
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)

- a) 1022-09-002-061
- b) _____
- c) _____
- d) _____

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument #:	_____
Book:	_____ Page: _____
Date of Recording:	_____
Notes:	_____

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 _____

3. Total Value/Sales Price of Property:

\$ _____ -0- _____

Deed in Lieu of Foreclosure Only (value of property):

\$ _____ -0- _____

Transfer Tax Value:

\$ _____ -0- _____

Real Property Transfer Tax Due:

\$ _____ -0- _____

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: 5

b. Explain Reason for Exemption: This is a transfer without consideration based on a transfer on death deed. All Grantees are children of Grantor, who is now deceased..

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 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: Karen L. Winters for James D. Whitney Capacity: _____ Grantor

Signature: James D. Whitney Capacity: _____ Grantee

SELLER (GRANTOR) INFORMATION (Required)

Print Name: James D. Whitney for Geraldine Whitney

Address: 2006 Cambridge Place

City/State/Zip: South Pasadena, CA 91030

BUYER (GRANTEE) INFORMATION (Required)

Print Name: James D. Whitney

Address: 2006 Cambridge Place

City/State/Zip: South Pasadena, CA 91030

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: Law Office of Karen L. Winters Esc.# _____

Address: P.O. Box 1987

City: Minden State: NV Zip: 89423