



KAREN ELLISON, RECORDER

APN: 1221-05-001-040

When Recorded Mail To:

ROWE HALES YTURBIDE, LLP
James R. Hales, Esq.
P.O. Box 2080
Minden, NV 89423

Send Tax Statements To:

Charles A. Prince
2335 Jacobsen Lane
Gardnerville, NV 89410

DEATH OF GRANTOR AFFIDAVIT

Charles Allen Prince, being duly sworn, deposes and says that Cheryl A. Kelley, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Cheryl A. Kelley, named as the grantor in the deed upon death recorded on April 30, 2015, as document or file number 2015-861211, in the records of Douglas County, Nevada, covering the real property commonly known as 2335 Jacobsen Lane, Gardnerville, Nevada, County of Douglas, and more particularly described as:

Lot 9, in Block B, as shown on the official map of Pinenut Hills Ranch Unit No. 1, filed for record in the Office of the County Recorder on December 6, 1984, Book 1284, page 738, as Document No. 110990, Official Records of Douglas County, Nevada.

Charles Allen Prince is the beneficiary to whom the real property is conveyed upon the death of the grantor, Cheryl A. Kelley. The sole beneficiary listed in the deed upon death is: Charles Allen Prince.

Per NRS 111.312, this legal description was previously recorded at Document No. 2015-861211 on April 30, 2015.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS.

IN WITNESS WHEREOF, I have hereunto set my hand this 2 day of Nov, 2015.

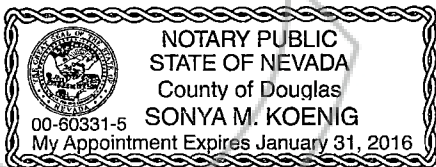
Chas. Prince
Charles Allen Prince

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to on this 2 day of Nov, 2015, before me, Sonya M. Koenig, personally appeared Charles Allen Prince personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it.

WITNESS my hand and official seal.

Sonya M. Koenig
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2015016875
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) Cheryl Ann KELLEY		2. DATE OF DEATH (Mo/Day/Year) September 27, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION-Name (if not either, give street and city) Evergreen Gardnerville Health & Rehab Center		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Nursing Home	
4. SEX Female		5. RACE - White (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 70		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 17, 1945		9a. STATE OF BIRTH (if not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (Maiden name)	
13. SOCIAL SECURITY NUMBER 9520		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) M A R P Computer Operator		14b. KIND OF BUSINESS OR INDUSTRY Space Shuttle	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 2335 Jacobsen Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) George Leo KELLEY			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Ruth Lucille RICHIE		
18a. INFORMANT - NAME (Type or Print) Charles PRINCE		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2335 Jacobsen Lane Gardnerville, Nevada 89410			
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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) VIJAY MAIYA MD 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) October 05, 2015		21c. HOUR OF DEATH 18:40		22b. DATE SIGNED (Mo/Day/Yr)	
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) Vijay Maiya MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11909	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 05, 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				Interval between onset and death	
(a) Cardiopulmonary Arrest				Interval between onset and death	
(b) Alcoholic Encephalopathy				Interval between onset and death	
(c) Adult Failure To Thrive				Interval between onset and death	
(d) Unknown Etiology				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. AUTORSY (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

3856003

600213

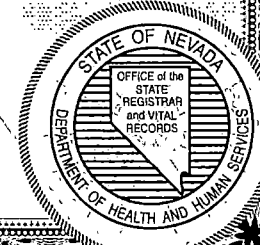
CERTIFIED COPY OF VITAL RECORDS

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: **10/13/2015**

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

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1221-05-001-040
 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: _____	

3. Total Value/Sales Price of Property: \$216,280.00
 Deed in Lieu of Foreclosure Only (value of property) (_____)
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due: \$843.50

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090, Section # 10
 b. Explain Reason for Exemption: A conveyance of real property by deed which becomes effective upon the death of grantor (NRS 111.655 to 111.699, inclusive) - NOT RELATED.

5. Partial Interest: Percentage being transferred: 100.0%

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 *Charles Allen Prince* Capacity Seller's Representative

Signature *James Hales Esq* Capacity Buyer's Representative

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Charles Allen Prince
 Address: 2335 Jacobsen Lane
 City: Gardnerville
 State: NV Zip: 89410

Print Name: Charles Allen Prince
 Address: 2335 Jacobsen Lane
 City: Gardnerville
 State: NV Zip: 89410

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

Print Name: James Hales, Esq. Escrow # _____
 Address: 1638 Esmeralda Avenue
 City: Minden State: NV Zip: 89423

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