

APN: 1220-09-810-081



KAREN ELLISON, RECORDER E03

When Recorded, Please Return To:  
Heritage Law Group, P.C.  
1625 Highway 88, Suite 304  
Minden, Nevada 89423

Mail Future Tax Statements To:  
Debra Ross  
1037 Wagon Wheel Ct.  
Gardnerville, NV 89460

**CORRECTED DEATH OF GRANTOR AFFIDAVIT**

**This document is being filed *nunc pro tunc* to correct the legal description of document number 879344, recorded on April 13, 2016, and does not affect ownership**

I, Debra Kay Ross, being duly sworn, deposes and says under the penalty of perjury that Josef Lagoja, the decedent named in the attached certified copy of the Certificate of Death, is the same person as Josef Lagoja, named as the grantor in the *Deed Upon Death* recorded on March 16, 2016, as document number 2016-878221, records of the Douglas County Recorder concerning the real property commonly known as 1037 Wagon Wheel Ct, Gardnerville, Nevada 89460, located in the County of Douglas and more particularly described as:

**A parcel of land located within a portion of the Southeast one-quarter (SE ¼) of Section 9, Township 12 North, Range 20 East, Mount Diablo Baseline and Meridian, Douglas County, Nevada, described as follows:**

**Commencing at the Northeast corner of Lot 306 as shown on the official plat for Gardnerville Ranchos Unit No. 2 in Book 1 as Document no. 28377; thence North 89° 47' 02" West, 220.07 feet to THE POINT OF BEGINNING; thence South 00° 12' 58" West, 200.00 feet; thence North 89° 47' 02" West 220.07 feet; thence North 00° 12' 58" East, 175.00 feet; thence along the arc of a curve to the right having a radius of 25.00 feet, delta of 90° 00' 00" and an arc length of 39.27 feet; thence South 89° 47' 02" East, 195.07 feet to THE POINT OF BEGINNING, containing 1.01 acres, more or less.**

Pursuant to NRS 111.312, the above legal description previously appeared in *Revocable Grant Deed Upon Death* as document number 878221, recorded on March 16, 2016.

I, Debra Kay Ross am the beneficiary to whom the real property is conveyed upon the death of the grantor Josef Lagoja. No other beneficiary is named in the deed upon death.

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

Date: July 26, 2016

\_\_\_\_\_  
Debra Kay Ross

State of Nevada            )  
  ) ss.  
County of Douglas         )

Subscribed and sworn to before me this July 26, 2016,  
by Debra Kay Ross.

\_\_\_\_\_  
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

CASE FILE NO. 3884351

2016004857

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) <b>Josef LAGOJA</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 16, 2016</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient)(Specify) <b>Gardnerville Health and Rehab Nursing Home</b>		4. SEX <b>Male</b>	
5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>85</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Austria</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) <b>July 02, 1930</b>	
13. SOCIAL SECURITY NUMBER <b>3243</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Food Service</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1037 Wagon Wheel Ct</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		11. Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix)			17. MOTHER/PARENT - NAME (First Middle Last Suffix)		
18a. INFORMANT- NAME (Type or Print) <b>Debra ROSS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1020 Wagon Wheel Ct, Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TAMAR R ROBINSON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>870</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410</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>JOSE AGUIRRE M.D.</b> 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) <b>March 21, 2016</b>		21c. HOUR OF DEATH <b>11:58</b>		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) <b>Jose Aguirre M.D. 1600 Medical Parkway Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>11479</b>		24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 21, 2016</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Severe Protein Calorie Malnutrition</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Adult Failure To Thrive</b> 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. <b>Unknown Etiology</b>				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



620193

CERTIFIED COPY OF VITAL RECORDS

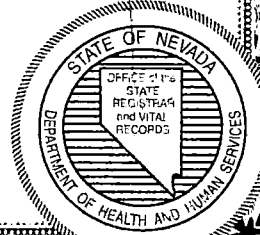
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

3/22/2016

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

*Cody L. Phinney*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



VRS-Rev-20120523a

**State of Nevada  
Declaration of Value**

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

1. Assessor Parcel Number(s)  
 a) **1220-009-810-081**  
 b) \_\_\_\_\_  
 c) \_\_\_\_\_

2 Type of Property:

- |  |   |
|--|---|
| a) <input type="checkbox"/> Vacant Land  | b) <input checked="" type="checkbox"/> Single Fam. Res. |
| c) <input type="checkbox"/> Condo/Twnhse | d) <input type="checkbox"/> 2-4 Plex                    |
| e) <input type="checkbox"/> Apt. Bldg.   | f) <input type="checkbox"/> Comm'l/Ind'l                |
| g) <input type="checkbox"/> Agricultural | h) <input type="checkbox"/> Mobile Home                 |
| i) <input type="checkbox"/> Other:       |   |

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

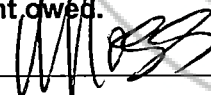
4. **If Exemption Claimed:**

- a. Transfer Tax Exemption, per NRS 375.090, Section: 3  
 b. Explain Reason for Exemption: Correction to Document #879344, Recorded on 4/13/16 to correct full legal description.

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 therein. 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 375.080, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.**

Signature:  Capacity: Paralegal

**SELLER (GRANTOR) INFORMATION - REQUIRED**  
**Name:** Josef Lagoja

**BUYER (GRANTEE) INFORMATION - REQUIRED**  
**Name:** Debra Kay Ross

**Address:** 1037 Wagon Wheel Ct.  
**City, State, ZIP:** Gardnerville, NV 89460

**Address:** 1020 Wagon Wheel Ct.  
**City, State, ZIP:** Gardnerville, NV 89460

**COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)**  
**Print Name:** Heritage Law Group, P.C. **Escrow #** \_\_\_\_\_  
**Address:** 1625 Highway 88, Suite 304  
**City, State, ZIP:** Minden, NV 89423

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)