DOUGLAS COUNTY, NV

Rec:\$19.00 Total:\$19.00

12/08/2016 03:53 PM

2016-891821

NANCY REY JACKSON, LTD

Pgs=7

A.P.N.<u>1320-29-110-006</u>

RECORDING REQUESTED BY: Nancy Rey Jackson Ltd. 1591 Mono Avenue Minden, NV 89423



KAREN ELLISON, RECORDER

E05

MAIL DOCUMENTS & TAX STATEMENTS TO: Nina M. Arbour

430 Ragle Road Sebastopol, CA 95472

The undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. (State specific law):

NRS 111.699 Form of Death of Grantor Affidavit; required documents upon death of grantor.

DEED TRANSFERRING TITLE UPON DEATH OF GRANTOR

Pursuant to the Order Transferring Title to Home and Terminating Guardianship entered in the Ninth Judicial District Court, in and for Douglas County, State of Nevada, on November 29, 2016, Co-Guardians of the Estate of Paul E. Arbour, Sr., NINA M. ARBOUR, THERESE V. ARBOUR, MATTHEW B. ARBOUR and DANIELLE C. LEDESMA, being duly sworn, depose and say that PAUL E. ARBOUR, SR., the decedent mentioned in the Certificate of Death attached hereto as "EXHIBIT A," is the same person as PAUL E. ARBOUR, SR., named as the grantor in the Deed Upon Death recorded on January 4, 2013, as document number 0815722, book 0113, at page 946, records of Douglas County, Nevada, covering the real property commonly known as 1788 Lantana Drive, City of Minden, County of Douglas, State of Nevada, and more particularly described as:

LOT 423, IN BLOCK C, AS SHOWN ON THE FINAL MAP NO. 1008-8 FOR WINHAVEN, UNIT NO. 8, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON SEPTEMBER 11, 1997, IN BOOK 997, OF OFFICIAL RECORDS AT PAGE 2125, AS DOCUMENT NO. 421412.

Nina M. Arbour, Therese V. Arbour, Matthew B. Arbour and Danielle C. Ledesma, as tenants in common, are the beneficiaries to whom the real property is conveyed upon the death of the grantor and pursuant to the Order Transferring Title to Home and Terminating Guardianship entered November 29, and filed for record in the office of the county recorder of Douglas County, Nevada, recorded on December 8, 2016, in book ___ of Official Records at page N/T, as document number 2016 - 891820

This deed may be executed in any number of counterparts. All counterparts together shall constitute a single document.

"EXHIBIT A"

STATE OF NEVADA—DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH—VITAL STATISTICS

			CE	RTIFIC	ATE C	F DEA	NTΗ				100	02020		
TYPE OR	OR 11a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) 12 DATE OF DEATH (Mo/Day/Year) 3a COUNTY OF I						.771)							
PRINT IN 11a DECEASED-NAME (FIRST MIDDLE, L PERMANENT Paul Emile			AST,SUFFIX) ARBOUR			F -				mber 24, 2012			Clark	
BLACK INK	3b. CITY, TOWN, OR LOCATIO	ON OF DEATH 3c H	OSPITAL OF	OTHER INS	TITUTION -	Name(If not	either, give	street	3e If Hosp		dicate DOA	4,0P/Emei	Rm .	4 SEX
DECEDENT	Boulder City			Nevada State Veterans Home Boulder Cit										
	5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic			7a AGE-Last 7b UNDER 1 birthday (Years) MOS Di		DAYS	HOURS	INDER 1 DAY 8 DATE OF BIRTH (Mo/Day, IRS MINS November 15, 192				
	Sa. STATE OF BIRTH (If not U		N OF WHAT	COUNTRY 1	10 EDUCAT		RRIED, NE CED (Spec			OWED.	12 SUR maidēn i		POUSE (if	wife, give
SEE HANDBOOK REGARDING	13 SOCIAL SECURITY NUMBI		L OCCUPA Life, Even I	TION (Give Ki	nd of Work I	77	Most	14b K	ND OF BU	SINESS C		RY	Ever in Forces	US Armed
COMPLETION OF RESIDENCE ITEMS	15a RESIDENCE - STATE	15b COUNTY		15c CITY, To			15d S	TREET A	ND NUMBE		5 5	1	15e IN	SIDE CITY (Specify Yes
<u> </u>	Nevada	Clark		[Boulder C				ns Memo		The state of the s		or No)	Yes
PARENTS	16 FATHER/PARENT - NAME (First Middle Last Suffix) 17 MOTHER/PARENT - NAME (First Middle Last Suffix) Emile ARBOUR Marie LA FLAMME						.							
	1Ba INFORMANT- NAME (Typ Nina	e or Print) ARBOUR		18b M/	AILING ADD	er .		-	ity or Town ebastopo			472	Market Control	
DISPOSITION	19a BURIAL CREMATION, RE Crema		ecify) 19b	CEMETERY (ORY - NAV		1	/	19c: LO	CATION Las Ve	City or T	own Sta	ate 102
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TYSON SMITH 20b FUNERAL 20c NAME AND ADDRESS OF FACILITY Boulder City Family N						-								
·A10= 0411	SIGNATURE AUTHENTICATED 707 833 Nevada Hwy #1 Boulder City NV 89005													
	TRADE CALL - NAME AND AD 중 후 21a. To the best of my k		urad at the I	mo data and	place cod	<u> </u>	22a On Iba	the or shed					المحادة ماداد	n occurred at
	ច្ចៃ due to the cause(s) state CRAIG	ed (Signature & Title) SIGNAT	URE AUTH	ENTICATE	leted I	he time, da	te and pla	ace and due	to the ca				
CERTIFIER														
	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 22d PRONOUNCED DEAD (Mo/Day/Yr) 22e PRONOUNCED DEAD AT (Hour)						D AT (Hour)							
	23a NAME AND ADDRESS OF	CERTIFIER (PHYSI Craig Michael Jo							R) (Type or	Print)	23	3b LICENS	SE NUMBE 9529	R
REGISTRAR	24a. REGISTRAR (Signature)	SUS	AN ZAI		1	24b DATE (Mo/Day/Yr	L	179	ISTRAR 6, 2012	24c [DEATH DU YES		MUNICAB NO X	LE DISEASE
CAUSE OF	25 IMMEDIATE CAUSE	(ENTER ONLY O			R (a), (b), Al	VD (c))	1		V		:	<u> </u>		set and death
DEATH	PART I Dementi	a AS A CONSEQUENC	E OE			__	1					Month		
CONDITIONS IF	(b) Hepatic	encephalopa	thy									Month		set and death
GAVE RISE TO IMMEDIATE CAUSE ->	DUE TO, OR	AS A CONSEQUENC	E OF									Interval b	etween on	set and death
STATING THE UNDERLYING CAUSE LAST	DUE TO, OR A	AS A CONSEQUENC	E OF	-			/	-				Interval	etween on	set and death
	PART II OTHER SIGNIFICANT	T CONDITIONS-Cond	litions contri	buting to deat	h but not res	ulting in the	underlying	cause giv	en in Part		26 AUTOP Specify Ye		27 WAS CA TO CORON or No)	ASE REFERRED IER (Specify Yes NO
/ /	1280 ACC, SUICIDE, HOM, UNDET OR PENDING INVEST (Specify)	285 DATE OF INJUR	Y (Mo/Day/Yr)	28c H	IOUR OF INJU	RY 28d I	DESCRIBE H	ÓW INJUR	Y OCCURRE	D	:: =	- 100	-	
	28e. INJURY AT WORK (Specif Yes or No)	y 28f. PLACE OF IN building, etc (Spe	JURY- At ho	ome, farm, stre	et factory,	affice 28g	LOCATIO	N S	TREET OR	RFDN	o CIT	Y OR TOV	VN	STATE
369			1		STATE	REGIST	RAR	_						

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, VRS-Rev-20120523a STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.

Registrar of Vital Statistics

Date Issued: NFC 2 / 2017

NINA M. ARBOUR Co-Guardian of the Estate of Paul E. Arbour, Sr.	12-2-2016 (Date)
(Signature)	(Date)
DANIELLE C. LEDESMA	
Co-Guardian of the Estate of Paul E. Arbour, Sr.	
A notary public or other officer completing this certifical individual who signed the document to which this certificant truthfulness, accuracy, or validity of that document.	
State of California } } ss:	
County ofS.anama	
Subscribed and sworn to (or affirmed) before me, a Notar on this2nd day of December	- T - T - T - T - T - T - T - T - T - T
who proved to me on the basis of satisfactory evidence to	be the
person who appeared before me.	
Signature: NOTARY PUBLIC State of California }	JESSICA KANE COMM. #2156972 NOTARY PUBLIC - CALIFORNIA SONOMA COUNTY My Comm. Expires June 17, 2020
} ss:	
County of	
Subscribed and sworn to (or affirmed) before me, a Notar	v Public
on this day of	
by	, , , , , , , , , , , , , , , , , , ,
who proved to me on the basis of satisfactory evidence to	
person who appeared before me.	
Signature:	
NOTARY PUBLIC	

(Signature) NINA M. ARBOUR Co-Guardian of the Estate of Paul E. Arbour, Sr. Daniel Le C. Lederne (Signature) Delander 2, 2016 (Date) DANIELLE C. LEDESMA Co-Guardian of the Estate of Paul E. Arbour, Sr.
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.
State of California
Subscribed and sworn to (or affirmed) before me, a Notary Public on this
Signature: NOTARY PUBLIC DANIEL POTTISH Commission # 2053124 Notary Public - California Orange County My Comm. Expires Dec 23, 2017
State of California } SS: County of }
Subscribed and sworn to (or affirmed) before me, a Notary Public on this

	THERESE V. ARBOUR Co-Guardian of the Estate of Paul E. Arbour, Sr. (Date)
	Co-Ouartian of the Estate of Taut E. Arobut, Br.
	(Signature) (Date)
	MATTHEW B. ARBOUR
	Co-Guardian of the Estate of Paul E. Arbour, Sr.
	State of Utah }
	} ss:
	County of Salt Lake } ss:
	Subscribed and sworn to (or affirmed) before me
	on this
	by Kertnien C Hobbs Therse v Arbour
	by machinime kinds of a distance with the second of the se
	who proved to me on the basis of satisfactory evidence
	to be the person who appeared before me.
	NOTARY PUBLIC
	Signature: KATHLEEN CRYSTAL HOBBS 687322
	NOTARY PUBLIC COMMISSION EXPIRES JANUARY 15, 2020
	STATE OF UTAH
	CA-ACTIA-I
	State of Utah }
	} ss:
	County of }
	Subscribed and sworn to (or affirmed) before me
p ^{olit}	on this day of, 2016,
	by
d	who proved to me on the basis of satisfactory evidence
	to be the person who appeared before me.
	to be the person who appeared before me.
	Signature:
	NOTARY PUBLIC

(Signature)		(Date)
THERESE V. ARBOUR		()
Co-Guardian of the Estate of Paul E. Arbour, Sr.		\ \
Matthew B Celver (Signature)	12-2-16	(Date)
MATTHEW B. ARBOUR	, , , , , , , , , , , , , , , , , , ,	
Co-Guardian of the Estate of Paul E. Arbour, Sr.		\ \
		\ \
State of Utah }		
} ss:		
County of }		
Subscribed and sworn to (or affirmed) before me	_ \	/ /
on this day of, 2016,		/ /
by	1 1	
who proved to me on the basis of satisfactory evidence	1 1	\
to be the person who appeared before me.))	
	/ /	
	. / /	
Signature:	× /	
NOTARY PUBLIC		
	. \	
State of Utah }	/)	
County of		
County of		
Subscribed and sworn to (or affirmed) before me		CONSUM PUBLIC
on this		17 JUNIO OLONGOS
by Mathew B Arbour		COMMISSION EXPIRES
who proved to me on the basis of satisfactory evidence		DECEMBER 10, 8010
to be the person who appeared before me.		STATE OF UTAH
to be the person who appeared before me.		
Signature: W		
NOTARY PUBLIC		

STATE OF NEVADA	
DECLARATION OF VALUE	
1. Assessor Parcel Number(s)	\wedge
a) 1320-29-110-006	
b)	\ \
c)	\ \
d)	\ \
	\ \
2. Type of Property:	\ \
a) Vacant Land b) Single Fam. Re	es.
c) Condo/Twnhse d) 2-4 Plex	FOR RECORDERS OPTIONAL USE ONLY
-/	BOOK PAGE
e) Apt. Bldg f) Comm'l/Ind'l	DATE OF RECORDING:
g) Agricultural h) Mobile Home	NOTES:
i) U Other	
-,	
3. Total Value/Sales Price of Property:	
Deed in Lieu of Foreclosure Only (value of property)	
Transfer Tax Value:	\$
Real Property Transfer Tax Due:	\$
Real Property Transfer Tax Dae.	\
4 If Evenution Claimed	
4. <u>If Exemption Claimed:</u> a. Transfer Tax Exemption per NRS 375.090,	Section # 5
a. Transfer Tax Exemption per INCS 3/3.090,	ance of real property by deed which becomes
effective upon the death of the Grantor	
process Court the death of the Granton	restate court order d
5. Partial Interest: Percentage being transferred: _	%
	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 substa	intiate the information provided herein. Furthermore, the
parties agree that disallowance of any claimed exem	ption, or other determination of additional tax due, may
result in a penalty of 10% of the tax due plus interes	
_ \ \	\ \
Pursuant to NRS 375.030, the Buyer and Seller shall be jo	intly and severally liable for any additional amount owed.
Signature	capacity Secretary/Grantee Attorney
CARRIET M. JACKSON	- /·/
Signature	Capacity
SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION
(REQUIRED)	(REQUIRED)
(MEQUINES)	Nina M. Arbour, Therese V. Arbour, Matthew B.
Print Name: Nina M. Arbour, Co-Guardian et al	Print Name: Arbour and Danielle C. Ledesma
Address: 430 Ragle Road	Address: 1788 Lantana Drive
City: Sebastopol	City: Minden
State: CA Zip: 95472	State: NV Zip: 89423
State. CA ZIP. 95472	State. <u>IVV</u>
COMPANY/PERSON REQUESTING RECORDING	
(required if not the seller or buyer)	
	Escrow # Tel. No. (775) 782-4611
Print Name: Nancy Rey Jackson, Ltd.	Escrow # Tel. No. (775) 782-4611
Address: 1591 Mono Avenue	7:
City: Minden State: N	
(AS A PUBLIC RECORD THIS FORM	MAY BE RECORDED/MICROFILMED)