

1221-09-002-002



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KAREN ELLISON, RECORDER

When Recorded Return To:

GARY M. FULLER, ESQ.  
GUILD GALLAGHER & FULLER, LTD.  
100 W. LIBERTY STREET, SUITE 800  
RENO, NEVADA 89501

**AFFIDAVIT OF DEATH OF GRANTOR**

Please complete Affirmation Statement below:

- I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons (Per NRS 239B.030).
- I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 111.699.

*Gary M. Fuller*  
Signature

Attorney  
Title

Gary M. Fuller  
Print Name

This page is added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink. (Additional recording fee applies)

A.P.N. 1221-09-002-002

*WHEN RECORDED, RETURN TO:*

Gary M. Fuller, Esq.  
Guild, Gallagher & Fuller, Ltd.  
100 W. Liberty Street, Suite 800  
Reno, Nevada 89501

*ADDRESS OF GRANTEE*

*& MAIL TAX STATEMENTS TO:*

The Food Bank of Northern Nevada, Inc.  
c/o Brian Edwards, CEO  
550 Italy Drive  
McCarran, Nevada 89434

**AFFIDAVIT OF DEATH OF GRANTOR**

STATE OF NEVADA        )  
                                  ) ss.  
COUNTY OF WASHOE    )

BRIAN EDWARDS, in his capacity as Chief Executive Officer of THE FOOD BANK OF NORTHERN NEVADA, INC., a Nevada non-profit corporation, being first duly sworn upon oath, deposes and says:

That STEPHEN K. PARROTT, the decedent mentioned in the attached certified copy of the *Certificate of Death*, is the same person as STEPHEN K. PARROTT, named as the grantor in the *Transfer-on-Death Deed* dated and recorded on September 15, 2011 as document number 0789572 in the official records of Douglas County, Nevada, covering the following described property:

Parcel 4 as set forth on Parcel Map LDA 98-071 for DAVID H. BOWERS REVOCABLE TRUST, filed for record in the office of the County Recorder of Douglas County, Nevada on May 11, 2000, in Book 0500 of Official Records, Page 2495, as Document 491773.

Assessor's Parcel No. 1221-09-002-002

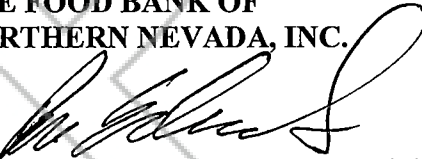
The above legal description was obtained from the *Transfer-on-Death Deed* recorded with the Douglas County Recorder's Office as Document Number 0789572 on September 15, 2011.

That BRIAN EDWARDS is the authorized representative of THE FOOD BANK OF NORTHERN NEVADA, INC., a Nevada non-profit corporation, which is the beneficiary to which the real property is conveyed upon the death of the grantor STEPHEN K. PARROTT. The beneficiary listed in the *Transfer-on-Death Deed* is THE FOOD BANK OF NORTHERN NEVADA.

FURTHER YOUR AFFIANT SAYETH NOT.

DATED this 28 day of March, 2017.

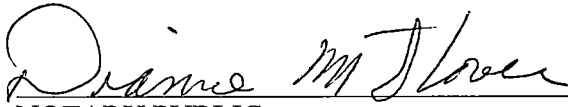
**THE FOOD BANK OF  
NORTHERN NEVADA, INC.**

By:   
Brian Edwards, Chief Executive Officer

STATE OF NEVADA            )  
  ) ss.  
COUNTY OF WASHOE        )

On this 28 day of March, 2017, personally appeared before me, a Notary Public, in and for said County and State, Brian Edwards, the Chief Executive Officer of The Food Bank of Northern Nevada, Inc., known to me to be the person whose name is subscribed to the above instrument, who acknowledged that he executed the same freely and voluntarily in his capacity as the Chief Executive Officer, and for the uses and purposes therein mentioned.



  
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. 3932638

2016024276  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEASED

IF DEATH  
OCCURRED IN  
INSTITUTION SEE  
HANDBOOK  
REGARDING  
COMPLETION OF  
CERTIFICATE  
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>Stephen Kinsley PARROTT</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 20, 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 and <b>2575 Bowers Rd</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. 4. SEX Inpatient(Specify) <b>Home</b> <b>Male</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>75</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Illinois</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>20</b>	
11. MARITAL STATUS (Specify) <b>Never Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER <b>6135</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Professor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>University</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>2575 Bowers Rd</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Alton Benjamin PARROTT</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Cowny KINSLEY</b>		
18a. INFORMANT-NAME (Type or Print) <b>Gary A PARROTT</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>2326 State Hwy 250 Lakeside, Nebraska 69351</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>DARREN K HILL</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>848</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations 1521 Church Street 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>Geoffrey Marshall</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) <b>Geoffrey Marshall</b>		
21b. DATE SIGNED (Mo/Day/Yr) <b>January 18, 2017</b>		21c. HOUR OF DEATH <b>20:24</b>		22c. HOUR OF DEATH <b>20:24</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>December 20, 2016</b>		
22e. PRONOUNCED DEAD AT (Hour) <b>23:30</b>					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Deputy Geoffrey Marshall P O Box 218 Minden, NV 89423</b>				23b. LICENSE NUMBER <b>0430</b>	
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 18, 2017</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) <b>Perforating Intraoral Wound Of The Head</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Gunshot</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) _____					
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) <b>Yes</b>	
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <b>Suicide</b>		26b. DATE OF INJURY (Mo/Day/Yr) <b>December 20, 2016</b>		26c. HOUR OF INJURY <b>2330</b>	
26d. DESCRIBE HOW INJURY OCCURRED <b>Self Inflicted Gunshot Wound Of The Head</b>					
28e. INJURY AT WORK (Specify Yes or No) <b>No</b>		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) <b>Home</b>		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE <b>2575 Bowers Road Gardnerville Nevada</b>	

STATE REGISTRAR

000659778



CERTIFIED COPY OF VITAL RECORDS

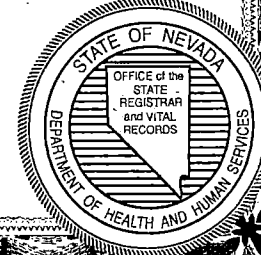
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **FEB 02 2017**

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

*Cody Phinney*  
STATE REGISTRAR

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# STATE OF NEVADA DECLARATION OF VALUE

**1. Assessor Parcel Number (s)**

- a) 1221-09-002-002
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

**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'/Ind'l     |
| g) <input type="checkbox"/> | Agricultural | h) <input type="checkbox"/>            | Mobile Home     |
| i) <input type="checkbox"/> | Other        |  |                 |

FOR RECORDERS OPTIONAL USE ONLY	
Notes:	_____
	_____

**3. Total Value/Sales Price of Property:**

\$510,000.00 \_\_\_\_\_  
 Deed in Lieu of Foreclosure Only (value of property) \$ \_\_\_\_\_  
 Transfer Tax Value: \$510,000.00 \_\_\_\_\_  
 Real Property Transfer Tax Due: \$1,989.00 ✓ \_\_\_\_\_

**4. If Exemption Claimed:**

- a. Transfer Tax Exemption, per NRS 375.090, Section: \_\_\_\_\_
- b. Explain Reason for Exemption: \_\_\_\_\_

**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: \_\_\_\_\_ Capacity: ATTORNEY  
 Signature: \_\_\_\_\_ Capacity: ATTORNEY

**SELLER (GRANTOR) INFORMATION      BUYER (GRANTEE) INFORMATION**

<b>Print Name:</b> <u>STEPHEN K. PARROTT</u>	<b>Print Name:</b> <u>THE FOOD BANK OF NORTHERN NEVADA</u>
<b>Address:</b> <u>(deceased)</u>	<b>Address:</b> <u>550 Italy Drive</u>
<b>City:</b> _____	<b>City:</b> <u>McCarran</u>
<b>State:</b> _____	<b>State:</b> <u>NV</u> <b>Zip:</b> <u>89434</u>

**COMPANY/PERSON REQUESTING RECORDING**

(REQUIRED IF NOT THE SELLER OR BUYER)

**Print Name:** GARY M. FULLER, ESQ.      **Escrow #** \_\_\_\_\_  
**Address:** 100 W. LIBERTY STREET #800  
**City:** RENO      **State:** NV      **Zip:** 89501