

DOUGLAS COUNTY APN 1420-07-812-015



RECORDING REQUESTED BY and
MAIL TAX STATEMENTS TO:

KAREN ELLISON, RECORDER E05

MARILYN E. B. ASHLEY
831 WESTGATE DR
VACAVILLE, CA 95687

DEATH OF GRANTOR AFFIDAVIT


(Only use if applicable)

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)


Signature


Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

\$1.00 Additional Recording Fee for Use of This Page

**DEATH OF GRANTOR AFFIDAVIT
(NRS 111.699)**

State of California)
) :ss
County of Solano)

MARILYN E. B. ASHLEY, of legal age, being first duly sworn deposes and says:

That **LENISTER TABBS KING**, the decedent, mentioned in the attached Certificate of Death, is the same person as named as the grantor in the Deed Upon Death dated February 14, 2017, and recorded on February 23, 2017, as Document No. 2017-895081, of the Official Records of Douglas County, State of Nevada, pertaining to the following described property situate in Douglas County, State of Nevada, commonly known as 977 Desert Drive, and bearing Assessor's Parcel Number 1420-07-812-015, and more particularly described as follows:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 27, in Block Q, as set forth on Final Map No. 1001-9 of SUNRIDGE HEIGHTS PHASES 6B, 7A AND 8B, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on January 30, 1996, in Book 196, Page 5112, as Document No. 380052 and by Certificate of Amendment recorded February 2, 1996, in Book 296, Page 251, as Document No. 380351.

[In compliance with NRS 111.312, the above legal description was taken from instrument recorded on April 14, 1998, as Document No. 437245, Official Records of Douglas County, Nevada.]

MARILYN E. B. ASHLEY, is the grantee to whom the real property is conveyed upon the death of the grantor, LENISTER TABBS KING. The beneficiary listed in the deed upon death is grantor's daughter, who is granted a 100% interest in the real property. No other beneficiary is named in the deed upon death.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES CONTAIN A SOCIAL SECURITY NUMBER.

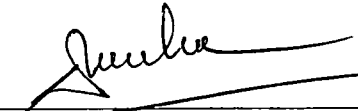
Dated this 26th day of July, 2017.


MARILYN E. B. ASHLEY

[NOTARY ACKNOWLEDGMENT ON NEXT PAGE]

STATE OF CALIFORNIA)
) :ss
COUNTY OF Solano)

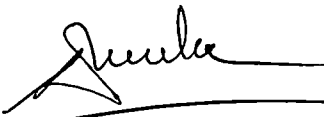
On July 26, 2017, before me, N. Dang, a notary public, **Marilyn E. B. Ashley** personally appeared and known or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the above instrument who acknowledged that she executed the instrument.




Notary Public

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, County of Solano)ss.
On 07/26/17 before me, N. Dang, Notary Public,
personally appeared Marilyn E. B. Ashley,
who proved to me on the basis of satisfactory evidence to be the person(s) whose
name(s) is subscribed to the within instrument and acknowledged to me that
he/she they executed the same in his/her their authorized capacity(ies), and that by
his/her their signature(s) on the instrument the person(s), or the entity upon behalf of
which the person(s) acted, executed the instrument. I certify under PENALTY OF
PERJURY under the laws of the State of California that the foregoing paragraph is true
& correct. WITNESS my hand and official seal.




N. DANG
NOTARY PUBLIC - CALIFORNIA
COMMISSION # 2087225
SOLANO COUNTY
My Comm. Exp. October 23, 2018

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SOLANO

HEALTH AND SOCIAL SERVICES DEPARTMENT

3052017072281

CERTIFICATE OF DEATH

3201748000921

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/06)				LOCAL REGISTRATION NUMBER												
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT—FIRST (Given) LENISTER		2. MIDDLE TABBS		3. LAST (Family) KING		4. DATE OF BIRTH mm/dd/yyyy 08/18/1938		5. AGE Yrs 78		6. SEX F							
	AKA, ALSO KNOWN AS— include full AKA (FIRST, MIDDLE, LAST)						7. DATE OF DEATH mm/dd/yyyy 04/04/2017		8. HOUR (24 Hour) 2137		9. MARITAL STATUS/SROP* (at Time of Death) WIDOWED							
	9. BIRTH STATE/FOREIGN COUNTRY MO		10. SOCIAL SECURITY NUMBER 7534		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. EDUCATION—Highest Level Degree BACHELOR		13. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) AFRICAN AMERICAN							
	17. USUAL OCCUPATION—Type of work for most of 1 yr. DO NOT USE RETIRED TAX PREPARER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TAXES			19. YEARS IN OCCUPATION 23											
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 4625 MANGELS BLVD., APT B-209																	
	21. CITY FAIRFIELD		22. COUNTY/PROVINCE SOLANO		23. ZIP CODE 94534		24. YEARS IN COUNTY 50		25. STATE/FOREIGN COUNTRY CA									
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP MARILYN ASHLEY, DAUGHTER					27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 831 WESTGATE DRIVE, VACAVILLE, CA 95687												
	28. NAME OF SURVIVING SPOUSE/SROP—FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -		31. NAME OF FATHER/PARENT—FIRST WILLIAM		32. MIDDLE -		33. LAST (BIRTH NAME) TABBS		34. BIRTH STATE MS					
SPOUSE/SROP AND PARENT INFORMATION	35. NAME OF MOTHER/PARENT—FIRST MARY		36. MIDDLE LEE		37. LAST (BIRTH NAME) FROST		38. BIRTH STATE TN											
	39. DISPOSITION DATE mm/dd/yyyy 04/10/2017		40. PLACE OF FINAL DISPOSITION SACRAMENTO VALLEY NATIONAL CEMETERY 5810 MIDWAY ROAD, DIXON, CA 95620															
FUNERAL DIRECTOR/ LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) CREMATION/RESIDENCE/BURIAL			42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NUMBER -										
	44. NAME OF FUNERAL ESTABLISHMENT FAIRFIELD FUNERAL HOME			45. LICENSE NUMBER FD1089		46. SIGNATURE OF LOCAL REGISTRAR BELA MATYAS, MD, MPH			47. DATE mm/dd/yyyy 04/07/2017									
PLACE OF DEATH	101. PLACE OF DEATH ROCKVILLE TERRACE SENIOR LIVING				102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/JC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other											
	104. COUNTY SOLANO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 4625 MANGELS BLVD						106. CITY FAIRFIELD									
CAUSE OF DEATH	107. CAUSE OF DEATH Enter the chain of events—diseases, injuries, or complications—that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous thrombosis without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) LUNG CANCER WITH METASTASIS											108. DEATH REPORTED TO CORONER? (AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER						
	Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. (B) (C) (D)											109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
												110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
												111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE																		
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO											113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK							
PHYSICIAN'S CERTIFICATION	114. CENTER, TIME TO THE DEATH OR A HEALTH CARE SETTING OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since: (A) mm/dd/yyyy (B) mm/dd/yyyy 03/11/2017 04/04/2017			115. SIGNATURE AND TITLE OF PHYSICIAN EHSAN SULTANI M.D.				116. LICENSE NUMBER A49614		117. DATE 04/07/2017								
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE EHSAN SULTANI M.D. 5900 COYLE AVE SUITE A, CARMICHAEL, CA 95608																	
CORONER'S USE ONLY	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be Determined												120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)																	
	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)																	
	125. LOCATION OF INJURY (Street and number, or location, and city, and zip)																	
126. SIGNATURE OF CORONER / DEPUTY CORONER				127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER												
STATE REGISTRAR		A		B		C		D		E		FAX AUTH.#		CENSUS TRACT				

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SOLANO



000456172

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Solano County Health and Social Services Department, Public Health Division.

04/10/2017

Bela S. Matyas
BELA MATYAS, MD, MPH
HEALTH OFFICER AND LOCAL REGISTRAR

By _____, Deputy. DATE ISSUED _____

This copy is not valid unless prepared on an engraved border displaying the seal, date of issuance and the original signature of the Deputy.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CASOLAN001

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
a) 1420-07-812-015
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'/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: \$ _____
Deed in Lieu of Foreclosure Only (value of property) (_____
Transfer Tax Value: \$ _____
Real Property Transfer Tax Due: \$ _____

4. If Exemption Claimed:
a. Transfer Tax Exemption per NRS 375.090, Section # 5
b. Explain Reason for Exemption: mother to daughter upon death of mother

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 Marilyn E. B. Ashley Capacity Agent

Signature _____ Capacity _____

**SELLER (GRANTOR) INFORMATION
(REQUIRED)**

Print Name: Marilyn E. B. Ashley
Address: 861 Westgate Dr
City: Vacaville
State: CA Zip: 95687

**BUYER (GRANTEE) INFORMATION
(REQUIRED)**

Print Name: Marilyn E. B. Ashley
Address: 831 Westgate Dr
City: Vacaville
State: CA Zip: 95684

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: The Law Firm LLC Escrow # n/a
Address: PO Box 2800
City: Minden State: NV Zip: 89423

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