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APN: 1320-29-117-007



00059476201709022270040041

KAREN ELLISON, RECORDER

When Recorded Mail To:

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

Send Tax Statements To:

Alison Tompkins
14 Warrington Drive
Lake Bluff, IL 60044

DEATH OF GRANTOR AFFIDAVIT

Alison Tompkins, being duly sworn, deposes and says that Laurence Hart Tompkins, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Laurence H. Tompkins, (aka Laurence Hart Tompkins) named as one of the grantors in the deed upon death recorded on June 30, 2017, as document number 2017-900895, records of Douglas County, Nevada, covering the real property commonly known as 1782 Birch Court, City of Minden, County of Douglas, State of Nevada, or located in the County of Douglas State of Nevada, more particularly described as follows:

Unit 205, as shown on the Official Plat of WINHAVEN, UNIT NO. 5, filed for record in the office of the County Recorder of Douglas County, Nevada, on February 10, 1994 in Book 294 of Official Records at Page 1845, as Document No. 329790.

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Alison Tompkins is one of the beneficiaries to whom the real property is conveyed upon the death of the grantor Laurence H. Tompkins. The beneficiaries listed in the deed are Alison Tompkins and Andrew Tompkins.

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

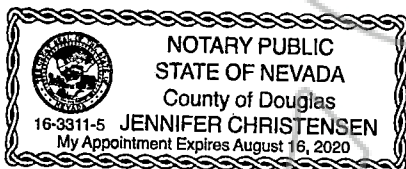
IN WITNESS WHEREOF, I have hereunto set my hand this 31 day of July, 2017.

Alison Tompkins
Alison Tompkins

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to on this 31 day of July, in the year 2017, before me, Jennifer Christensen, personally appeared Alison Tompkins 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.



[Signature]
NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3967644

CERTIFICATE OF DEATH

2017013575
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Laurence Hart TOMPKINS		2. DATE OF DEATH (Mo/Day/Year) July 14, 2017		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) 1782 Birch Ct.		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Home	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR MOS. DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) December 18, 1947		9a. STATE OF BIRTH (If not US/CA, name country) New York		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 16		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
PARENTS	13. SOCIAL SECURITY NUMBER 5972		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 1782 Birch Ct.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert Raymond TOMPKINS	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Bernice HART		18a. INFORMANT - NAME (Type or Print) Mark TOMPKINS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1760 Mahaogany Cir Minden, Nevada 89423	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) REED DOPF MD SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) July 21, 2017		21c. HOUR OF DEATH 03:28	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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) Reed Dopf MD 18653 Wedge Pkwy Reno, NV 89511		23b. LICENSE NUMBER 13920		24a. REGISTRAR (Signature) SHERRIE A CONNELL SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 21, 2017		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 (a) Terminal Complications Of Chronic Mixed Respiratory Failure	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (b) Chronic Obstructive Lung Disease		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (c) Etiology Is Not Specified		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (d)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST.	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Malignant Lung Carcinoma, Atherosclerotic Heart Disease, Diabetes		26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)	
	26c. HOUR OF INJURY		26d. DESCRIBE HOW INJURY OCCURRED		27. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		
28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28d. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28e. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

000682603



CERTIFIED COPY OF VITAL RECORDS

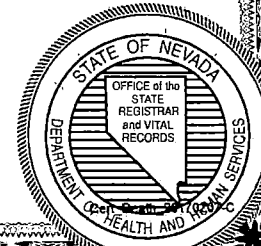
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

7/24/2017

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

Cody P. Hingray
SIGNATURE AUTHENTICATED
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1320-29-117-007
 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: \$235,000.00
 Deed in Lieu of Foreclosure Only (value of property) (_____)
 Transfer Tax Value: \$117,500.00
 Real Property Transfer Tax Due: \$458.25

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090, Section # _____
 b. Explain Reason for Exemption: Fifty percent transferred to son.

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 [Signature] Capacity _____ Agent _____
 Signature [Signature] Capacity _____ Agent _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Laurence H. Tompkins
 Address: 1782 Birch Ct
 City: Minden
 State: NV Zip: 89423

Print Name: Alison Tompkins
 Address: 14 Warrington Drive
 City: Lake Bluff
 State: IL Zip: 60044

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)