

APN# 1320-29-212-050



KAREN ELLISON, RECORDER

E05

Recording Requested by/Mail to:

Name: WILLIAM LEE FRENCH

Address: 612 ASHLAND CREEK DR.

City/State/Zip: ASHLAND, OR 97520

Mail Tax Statements to:

Name: WILLIAM LEE FRENCH

Address: 612 ASHLAND CREEK DR.

City/State/Zip: ASHLAND, OR 97520

DEATH OF GRANTOR AFFIDAVIT

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording DOES contain 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)

William Lee French

Signature

WILLIAM LEE FRENCH

Printed Name

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

APN: 1320-29-212-050

RECORDING REQUESTED BY:

William Lee French
612 Ashland Creek Dr.
Ashland, OR 97520

AFTER RECORDATION, RETURN BY MAIL TO:

William Lee French
612 Ashland Creek Dr.
Ashland, OR 97520

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DEATH OF GRANTOR AFFIDAVIT

WILLIAM LEE FRENCH, being duly sworn, deposes and says that JOYCE H. FRENCH, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as JOYCE H. FRENCH, named as the grantor in the deed upon death recorded on March 30, 2011, as Document Number 0780743, Book 0311, at Page 6148, records of Douglas County, Nevada, covering the real property commonly known as 1700 Lantana Drive, Minden, NV 89423, County of Lyon, State of Nevada, , and more particularly described as:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

WILLIAM LEE FRENCH is the beneficiary to whom the real property is conveyed upon the death of the grantor JOYCE H. FRENCH or is the authorized representative of the beneficiary or at least one of the beneficiaries. The beneficiary or beneficiaries listed in the deed upon death is WILLIAM LEE FRENCH.

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

DATE: 9/18/17
10/18/17 WLF

William Lee French
William Lee French

State of Nevada)
) ss:
County of Douglas)

On this 18th day of October, in the year 2017, before me, Cameron Amatore (insert name of notary public), personally appeared William Lee French 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 she executed it.

Cameron Amatore (Signature of Notary Public)

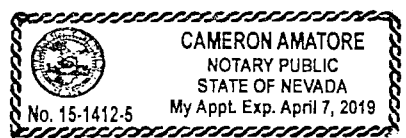


EXHIBIT "A"

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

PARCEL 1:

Lot 91 in Block A, as set forth on the map of WINHAVEN, UNIT NO. 1, a Planned Unit development filed for record in the office of the County Recorder of Douglas County, State of Nevada, on January 13, 1989 as Document No: 194373.

PARCEL 2:

Together with a non-exclusive right of way for public road with incidents thereto, over and across all those certain named streets lying within the interior boundary lines of the herein above mentioned subdivision.

PARCEL 3:

Together with an appurtenant exclusive roadway easement as granted to WESTERN NEVADA PROPERTIES, INC., a Nevada Corporation, more particularly described as Exhibit 2 "80 FOOT EASEMENT" set forth in Deed of Easement recorded July 9, 1986, in Book 786, of Official Records, at Page 782, Douglas County, Nevada, as Document No. 137346. Said Easement is further imposed in Deed of Public Easement recorded July 9, 1986 in Book 786, of Official Records, at Page 697, Douglas County, Nevada, as Document No. 137314.

PARCEL 4:

And further together with a non-exclusive public roadway easement executed by WESTERN NEVADA PROPERTIES, INC., a Nevada Corporation, as more fully set forth in Deed of Public Easement recorded July 9, 1986 in Book 786, of Official Records, at Page 684, Douglas County, Nevada, as Document No. 137311.

APN: 1320-29-212-050

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3980423

CERTIFICATE OF DEATH

2017018717
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Joyce H FRENCH		2. DATE OF DEATH (Mo/Day/Year) September 29, 2017		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street an Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 91		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) October 13, 1925		9a. STATE OF BIRTH (If not US/CA, name country) Alabama		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
PARENTS	13. SOCIAL SECURITY NUMBER 4953		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Bookkeeper		14b. KIND OF BUSINESS OR INDUSTRY Accounting	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 1700 Lantana Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Woodford Silas HUDSON	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Effie KILPATRICK		18a. INFORMANT- NAME (Type or Print) William Lee FRENCH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 612 Ashland Creek Dr. Ashland, Oregon 97520	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD823		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) ERICKSON U LIWANAG MD 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) October 06, 2017		21c. HOUR OF DEATH 10:45		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Amanda Hurd DO		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Erickson U Liwanag MD 1155 Mill St Reno, NV 89502		23b. LICENSE NUMBER 12872		24a. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 09, 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		26. AUTOPSY (Specify Yes or No) No			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Septic Shock		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
	DUE TO, OR AS A CONSEQUENCE OF: (b) Urinary Tract Infection		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF: (c) Unknown Etiology		Interval between onset and death				
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 1.		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

VRS-Rev-20120523a

0006-2247



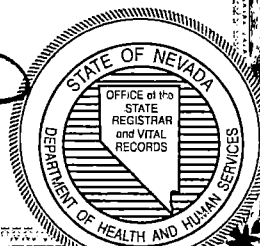
CERTIFIED COPY OF VITAL RECORDS

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: **OCT 10 2017**

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

[Signature]
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
a) 1320-29-212-050
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: DEED UPON DEATH TRANSFERRING
FROM MOTHER TO SON

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 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 [Handwritten Signature] Capacity GRANTEE

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: WILLIAM LEE FRENCH
Address: 602 ASTLAND WALK ON
City: ASTLAND
State: OR Zip: 97520

Print Name: _____
Address: [Handwritten Signature]
City: _____
State: _____ Zip: _____

COMPANY/PERSON REQUESTING RECORDING
(required if not the seller or buyer)

Print Name: _____ Escrow # _____
Address: _____
City: _____ State: _____ Zip: _____

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