



KAREN ELLISON, RECORDER E05

APN: 120-32-815-002

Return document to:

BROOKE LUCKEY
1274 SIERRA VISTA DR
GARDNERVILLE, NV 89460 (775) 265-4838

Mail tax statements to:

BROOKE LUCKEY
1274 SIERRA VISTA DR,
GARDNERVILLE, NV 89460

STATE OF NEVADA)
COUNTY OF DOUGLAS)

DEATH OF GRANTOR AFFIDAVIT
Under NRS 111.699

THE AFFIANT, BROOKE LUCKEY, being duly sworn,
deposes and says:

1. That WILLIAM LEONARD LUCKEY, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as WILLIAM LEONARD LUCKEY, named as the grantor or as one of the grantors in the deed upon death recorded on JULY 1, 2013, as document or file number 0826475, book 0713, at page 163, records of DOUGLAS County, Nevada, covering the real property commonly known as 1440 DOUGLAS AVE, City of GARDNERVILLE, County of DOUGLAS, State of Nevada, and more particularly described as:

SEE EXHIBIT A

2. That the affiant, BROOKE LUCKEY, is the beneficiary or at least one of the beneficiaries to whom the real property is conveyed upon the death of the grantor, WILLIAM LEONARD LUCKEY, or is the authorized representative of the beneficiary or at least one of the beneficiaries.

3. That the beneficiary or beneficiaries listed in the deed upon death are:

BROOKE LUCKEY

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS, AS REQUIRED BY NRS 40.525 AND NRS 440.380(1)(a).

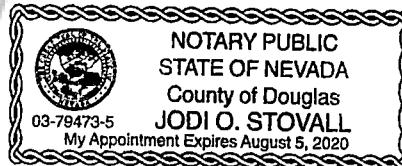
Dated this 9TH day of FEBRUARY, 2018.

Brooke Luckey
Affiant
BROOKE LUCKEY
Print name

Construe all terms with the appropriate gender and quantity required by the sense of this instrument.

Subscribed and sworn to on this 9TH day of FEBRUARY, in the year 2018, before me, Jodi O. Stovall,
by BROOKE LUCKEY.

Jodi O Stovall
Notary Public
Jodi O Stovall
Print name
My commission expires: 8-5-20



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4000983

CERTIFICATE OF DEATH

2018001577
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) William Leonard LUCKEY		2. DATE OF DEATH (Mo/Day/Year) January 22, 2018		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or Brookdale Gardnerville		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Assisted Living Facility	
	3d. SEX Male		7a. AGE-Last birthday (Years) 83		8. DATE OF BIRTH (Mo/Day/Yr) March 05, 1934	
	5. RACE (Specify) White		8. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS: _____ DAYS: _____	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
	13. SOCIAL SECURITY NUMBER ██████-8163		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Property Master		14b. KIND OF BUSINESS OR INDUSTRY Film Industries	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
PARENTS	15d. STREET AND NUMBER 1440 Douglas Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) James Merle LUCKEY			17. MOTHER/PARENT - NAME (First Middle Last Suffix)		
	18a. INFORMANT-NAME (Type or Print) Brooke LUCKEY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1274 Sierra Vista Dr Gardnerville, Nevada 89460			
	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	
DISPOSITION	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R BEAULAC		20b. FUNERAL DIRECTOR LICENSE NUMBER FD870		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno	
	20d. SIGNATURE AUTHENTICATED		20e. ADDRESS OF FACILITY 5890 S Virginia St. Suite 4-E Reno NV 89502			
TRADE CALL	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) NITA SCHWARTZ MD					
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) January 26, 2018		21c. HOUR OF DEATH 13:49			
	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)	
			22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
			22e. PRONOUNCED DEAD AT (Hour)			
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
	24a. REGISTRAR (Signature) MICHELLE L BLANCHFIELD		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 26, 2018		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I					
	(a) Influenza A Interval between onset and death					
	DUE TO, OR AS A CONSEQUENCE OF:					
(b) Cerebral Atherosclerosis Interval between onset and death						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) 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.				26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No						
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.		28h. CITY OR TOWN STATE		

STATE REGISTRAR

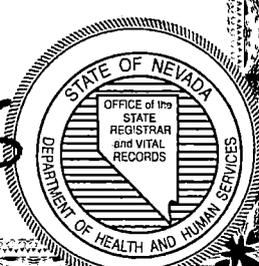


CERTIFIED COPY OF VITAL RECORDS

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 06 2018**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

15-

EXHIBIT A

Doc Number: **0826475**

07/01/2013 01:59 PM

OFFICIAL RECORDS

Requested By
J.M. CLOUSER

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 2 Fee: \$ 15.00
Bk: 0713 Pg: 163 RPTT # 10



Deputy: sg

APN: 1220-32-815-002

RECORDING REQUESTED BY:

William L. Luckey
1440 Douglas Ave.
Gardnerville, NV 89410

AFTER RECORDATION RETURN BY MAIL TO:

William L. Luckey
1440 Douglas Ave.
Gardnerville, NV 89410

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DEED UPON DEATH

THIS INDENTURE WITNESSETH: That on this 24th day of JUNE, 2013, WILLIAM L. LUCKEY, an unmarried man,, does hereby convey to his daughter, BROOKE LUCKEY, a married woman as her sole and separate property, effective upon the death of the Grantor, the following described real property in the County of Douglas, State of Nevada:

Parcel 1:

Lots 2 and 3 in Block F of the Rabeck Addition to Gardnerville, Douglas County, Nevada, according to the official map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on May 9, 1917, as Document No. 9999.

EXCEPTING THEREFROM the Southeasterly 23.00 feet of the aforesaid Lot 3 lying adjacent to, parallel with and Northwesterly of the line common to said Lots 3 and 4.

Parcel 2:

All of the vacated alley, being 14.00 feet in width, adjacent to the herein described Revised Lot 2 on the Southwesterly boundary as set forth in Order Vacating Alley, recorded November 18, 1948 in Book D of Miscellaneous Records, page 243, under File No. 6711.

The above described land is also designated as Lot 2 on the Record of Survey for Bud Rinasz, filed in the office of the Douglas County Recorder on March 5, 1996 as File No. 382608.

The above metes and bounds description appeared previously in that certain document recorded August 23, 2002, Book 802, Page 8051 as File No. 550337 of Official Records.

TOGETHER WITH all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining.

STATE OF NEVADA
DECLARATION OF VALUE

- 1. Assessor Parcel Number(s)
 - a) 1220-32-815-002
 - 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: \$ _____
- 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: FATHER TO DAUGHTER PER DEED UPON DEATH - DOC # 0826475

5. Partial Interest: Percentage being transferred: 100 %

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 Brooke Luckey Capacity GRANTEE

Signature _____ Capacity _____

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

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

Print Name: WILLIAM L. LUCKEY
 Address: 1565 VIRGINIA RANCH RD #310
 City: GARDNERVILLE
 State: NV Zip: 89410

Print Name: BROOKE LUCKEY
 Address: 1274 SIERRA VISTA DR.
 City: GARDNERVILLE
 State: NV Zip: 89460

**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)