

APN : 1320-30-813-004

RECORDING REQUESTED BY:

Alexandar Patrick Rollings
1026 Aspen Grove
Minden, NV 89423



KAREN ELLISON, RECORDER

E10

WHEN RECORDED MAIL TO:
SAME AS ABOVE

GRANTEE'S ADDRESS
SAME AS ABOVE

SPACE ABOVE FOR RECORDER'S USE

TAX STATEMENTS TO:
SAME AS ABOVE

DEATH OF GRANTOR AFFIDAVIT

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

ALEXANDAR PATRICK ROLLINGS does hereby swear under penalty of perjury that the assertions of this affidavit are true. That affiant is over the age of eighteen (18) years and competent to be a witness as to the matters hereinafter stated.

That affiant is ALEXANDAR PATRICK ROLLINGS and is the person named as the Grantee in that certain Deed Upon Death recorded as Document No. 2017-895070, recorded February 23, 2017, in the official records of the County of Douglas, State of Nevada. That LISA KAY MARTIN was the Grantor named in said Deed Upon Death and was the identical person named as the decedent in that certain Death Certificate, a certified copy of which is annexed hereto as Exhibit "A" and made a part hereof.

That ALEXANDAR PATRICK ROLLINGS is named as the Grantee to whom the real property is conveyed upon the death of the Grantor, LISA KAY MARTIN.

The property the subject of this affidavit is more particularly

described as follows: 1026 Aspen Grove, Minden and more particularly described as follows:

APN 1320-30-813-004

Lot 4, in block c, as set forth on the final map of MOUNTAIN GLEN, PHASE 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 28, 1989, Book 989, Page 3823, as Document No. 211874.

To have and to hold all and singular the land, appurtenances, and privileges, unto the transferees and their heirs and assigns forever.

Dated this 7 day of February, 2018.

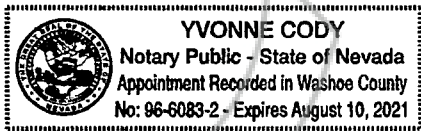
Alex Rollings
ALEXANDAR PATRICK ROLLINGS

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

On this 7TH day of FEBRUARY, 2018, personally appeared before me, a Notary Public in and for said Washoe County, ALEXANDAR PATRICK ROLLINGS, known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.

Yvonne Cody
NOTARY PUBLIC IN AND FOR SAID
COUNTY AND STATE



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3996468

CERTIFICATE OF DEATH

2018000768
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lisa Kay MARTIN		2. DATE OF DEATH (Mo/Day/Year) January 10, 2018		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) Continuicare Hospital of Carson Tahoe, Inc.		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Female		5. RACE (Specify) White		8. DATE OF BIRTH (Mo/Day/Yr) November 28, 1967	
	6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 50		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not USCA, name country) Iowa		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 ██████████-6492		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 1026 Aspen Grove Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Richard Charles SKOW	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rosemarie Christine DUVALL		18a. INFORMANT - NAME (Type or Print) Alexandar ROLLINGS			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1101 Monroe Drive Unit B Boulder, Colorado 80303				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
	19b. CEMETERY OR CREMATORY - NAME Fitzhenrys Crematory		19c. LOCATION City or Town State Carson City Nevada 89701			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDF SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED JOSEPH W HEFLIN JR MD					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) January 12, 2018		21c. HOUR OF DEATH 07:19		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)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
CAUSE 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) Joseph W Heflin Jr MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 15218	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 18, 2018		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) Cirrhotic Liver Disease Interval between onset and death						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Alcoholism 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		
28a. ACC, SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28d. DESCRIBE HOW INJURY OCCURRED		
28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE		

STATE REGISTRAR

"A"



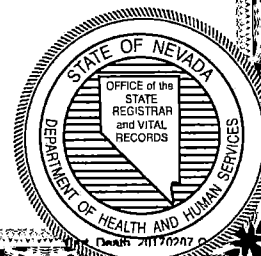
CERTIFIED COPY OF VITAL RECORDS

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: 1/19/2018

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

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED



STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 1320-30-813-004
- 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'l/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:

Deed in Lieu of Foreclosure Only (value of property) \$ _____

Transfer Tax Value: \$ _____

Real Property Transfer Tax Due: \$ -0-

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 10
- b. Explain Reason for Exemption: TRANSFER BY DECEASED MOTHER TO SON BY DEED UPON DEATH

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 Alex Rollins Capacity _____

Signature Alex Rollins Capacity GRANTEE

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Alexandar P. Rollings

Address: 1026 Aspen Grove Cr.

City: Minden

State: NV Zip: 89423

(REQUIRED)

Print Name: Alexandar Patrick Rollings

Address: 1026 Aspen Grove Circle

City: Minden

State: NV Zip: 89423

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: ORIAN DAVENPORT Escrow # _____

Address: 458 COURT STREET

City: RENO State: NV Zip: 89501