

DOUGLAS COUNTY, NV

2018-910356

RPTT:\$0.00 Rec:\$35.00

02/13/2018 02:25 PM

\$35.00 Pgs=3

ETRCO

KAREN ELLISON, RECORDER

E05

APN# : 1320-32-114-009

Recording Requested By:

Western Title Company

When Recorded Mail To:

Dion A. Etchegoyhen

1623 Esmeralda Ave.

Minden, NV 89423

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380)

Signature _____

Wendy Dunbar

Escrow Officer

Death of Grantor Affidavit

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

DEATH OF GRANTOR AFFIDAVIT

Dion A. Etchegoyhen, being duly sworn, deposes and says that Jerome E. Etchegoyhen, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Jerome E. Etchegoyhen named as grantor or as one of the grantors in the Deed recorded on 2/27/2009, as instrument No. 738757, Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 4 in Block B of SOUTH ADDITION TO THE TOWN OF MINDEN, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 9, 1957, as Document No. 12130.

Dion A. Etchegoyhen is the grantee or at least one of the grantees to whom the real property is conveyed upon the death of the grantor Jerome E. Etchegoyhen or is the authorized representative of the grantee or at least one of the grantees.

Dated 2/8/18

Dion A. Etchegoyhen
Dion A. Etchegoyhen

STATE OF NEVADA ;SS

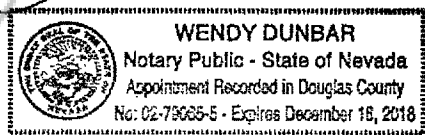
COUNTY OF Douglas

This instrument was acknowledged before me

on 2.8.18

by Dion A. Etchegoyhen.

[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. 3972565

CERTIFICATE OF DEATH

2017015320
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jerome E ETCHEGOYHEN		2. DATE OF DEATH (Mo/Day/Year) August 15, 2017		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Gardnerville Health & Rehab Inpatient(Specify) Residential Care Facility		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify Yes - BASQUE	7a. AGE-Last birthday (Years) 88	7b. UNDER 1 YEAR MOS: DAYS: 	7c. UNDER 1 DAY HOURS: MINS:
8. DATE OF BIRTH (Mo/Day/Yr) August 17, 1928		9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER -2988		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Principal		14b. KIND OF BUSINESS OR INDUSTRY Public Schools	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden	15d. STREET AND NUMBER 1600 County Road	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Jerome ETCHEGOYHEN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Justine AROSTEGUI		
18a. INFORMANT- NAME (Type or Print) Mary Kathleen PARK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 33 Topaz, California 96133			
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) DARREN K HILL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD884	20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410		
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 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) August 16, 2017		21c. HOUR OF DEATH 03:25		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22d. PRONOUNCED DEAD AT (Hour)		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			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		23b. LICENSE NUMBER 9114			
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 17, 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) Alzheimers Dementia					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Meningioma, Hydrocephalus				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.	CITY OR TOWN STATE

STATE REGISTRAR

000686636



CERTIFIED COPY OF VITAL RECORDS

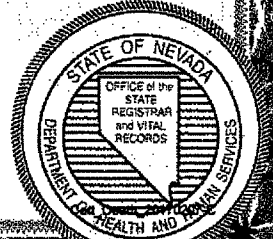
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

8/23/2017

DATE ISSUED:

[Signature]
SIGNATURE AUTHENTICATED

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



STATE OF NEVADA DECLARATION OF VALUE

1. Assessors Parcel Number(s)
 a) 1320-32-114-009

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	
DOCUMENT/INSTRUMENT #:	_____
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: _____	

3. Total Value/Sales Price of Property: \$0.00
 Deed in Lieu of Foreclosure Only (value of property) _____
 Transfer Tax Value: \$0.00
 Real Property Transfer Tax Due: \$0.00

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090, Section 5
 b. Explain Reason for Exemption: Father to children per deed upon death document #738757

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 Dion A. Etchegoyhen Capacity Escrow
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)

Print Name: Dion A. Etchegoyhen
 Address: 1623 Esmeralda Ave.
 City: Minden
 State: NV Zip: 89423

BUYER (GRANTEE) INFORMATION (REQUIRED)

Print Name: Dion A. Etchegoyhen
 Address: 1623 Esmeralda Ave.
 City: Minden
 State: NV Zip: 89423

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: eTRCo, LLC. On behalf of Western Title Company
 Address: Douglas Office
1362 Highway 395, Ste. 109
 City/State/Zip: Gardnerville, NV 89410

Esc. #: 093773-WLD