

DOUGLAS COUNTY APN 1220-16-118-008

RECORDING REQUESTED BY and
MAIL TAX STATEMENTS TO:

Brian Duvalis
21141 Prairie View Ln
Trabuco Canyon, CA 92679



KAREN ELLISON, RECORDER

E05

DEATH OF GRANTOR AFFIDAVIT

(Only use if applicable)

The undersigned hereby affirms that the document submitted for recording contains 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)

Heather Lewis

Signature

Heather Lewis

Printed Name

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

**DEATH OF GRANTOR AFFIDAVIT
(NRS 111.699)**

STATE OF CALIFORNIA)
) ss
COUNTY OF ORANGE)

Brian Duvalis, of legal age, being first duly sworn deposes and says:

That affiant is the son of **Gertrude M. Sprinkel**, deceased.

That **Gertrude M. Sprinkel**, the decedent, mentioned in the attached Certificate of Death, is the same person as named as the grantor in that certain Deed Upon Death dated June 4, 2014, and recorded on June 9, 2014, in Book 614, at Page 1559, as Document No. 844147, of the Official Records of Douglas County, State of Nevada, pertaining to the following described property situate in Douglas County, State of Nevada, commonly known as 1297 Sorensen Lane, Gardnerville, Nevada 89460, bearing APN 1220-16-118-008 and more particularly described as follows:

Lot 1, Block A as set forth on the map of UPLAND ESTATES SUBDIVISION filed for record in the Office of the County Recorder of Douglas County, Nevada on May 14, 1979, as Document No. 32395.

TOGETHER WITH the improvements, tenements, hereditaments and appurtenances, including easements and water rights, is any, thereto belonging, and the reversions, remainders, rents, issues and profits thereof

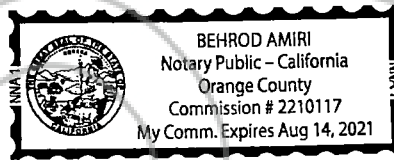
[Per NRS 111.312, this legal description was previously recorded on June 9, 2014, in Book 614 at Page 1559 as Document No. 844147, Official Records of Douglas County, Nevada.]

Brian Duvalis is one of the grantees to whom the real property is conveyed upon the death of the grantor, Gertrude M. Sprinkel (and is the authorized representative of the other grantees). The beneficiaries listed in the deed upon death are grantor’s children, **Brian Duvalis**, as separate

property, Richard Monetti, as separate property, Angelo Falcone, as separate property and Antionette Monetti Golde, as separate property, who in equal shares, are granted a 100% interest in the real property. No other beneficiary is named in the deed upon death

DATED this 28 day of February, 2018.

Brian Duvalis
Brian Duvalis



State of California)
) :SS
County of Orange)

On February 28, 2018, personally appeared before me, a notary public, **Brian Duvalis**, personally known (or proved) to me to be the person whose name is subscribed to the above Affidavit of Death of Grantor who acknowledged that he executed the instrument.

[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. 3987508

CERTIFICATE OF DEATH

2017020966
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) Gertrude Marie SPRINKEL		2. DATE OF DEATH (Mo/Day/Year) November 08, 2017		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 and inpatient)(Specify) Carson Tahoe Regional Medical Center Intensive Care Unit (ICU)		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 82	7b. UNDER 1 YEAR (MOS)	7c. UNDER 1 DAY (HOURS MINS)
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
13. SOCIAL SECURITY NUMBER -8449		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 Gardnerville	15d. STREET AND NUMBER 1297 Sorensen Lane	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Werner HEINTZEN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Josphine		
18a. INFORMANT- NAME (Type or Print) Nette SCOTT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 537 Santa Barbara Road Berkeley, California 94707			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304	20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701		
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) TOKAMEH ENTEZARI 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) November 10, 2017		21c. HOUR OF DEATH 13:15		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) Tokameh Entezari MD 1155 Mill St Reno, NV 89502				23b. LICENSE NUMBER 12746	
24a. REGISTRAR (Signature) SHERRIE A CONNELL SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 13, 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))				Interval between onset and death	
PART I (a) Cardiopulmonary Arrest				Interval between onset and death	
(b) Acute Hypoxic Respiratory Failure				Interval between onset and death	
(c) Severe Sepsis With Shock				Interval between onset and death	
(d) Acute Metabolic Encephalopathy				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. Coronary Artery Disease, Hyperglycemia, Unknown Etiology				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



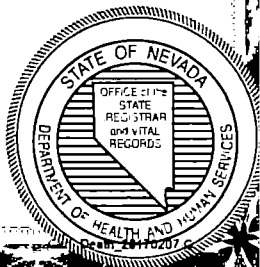
CERTIFIED COPY OF VITAL RECORDS

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: 11/21/2017

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) 1220-16-118-008
 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 # 35
 b. Explain Reason for Exemption: Recognizing true status of ownership. Deed Upon Death to children Doc # 844177

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 [Handwritten Signature] Capacity Agent

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Gertrude M. Sprinkel Brian Duvalis
 Address: ~~Deceased~~ 21141 Prairie View Ln
 City: Trabuco Canyon
 State: CA Zip: 92679

Print Name: Brian Duvalis
 Address: 21141 Prairie View Ln
 City: Trabuco Canyon
 State: CA Zip: 92679

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: Heather Lewis Escrow # n/a
 Address: PO Box 2800
 City: Minden State: NV Zip: 89423

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