

APN# 1121-35-001-010



00076149201809166540070070

KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: JON MELHANEY

Address: 822 SPRING VALLEY DR.

City/State/Zip: GARDNERVILLE NV 89410

Mail Tax Statements to:

Name: SAME

Address: _____

City/State/Zip: _____

Affidavit of Death

Title of Document (required)

----- (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)

[Signature]
Signature

JON MELHANEY
Printed Name

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

Affidavit of Death

STATE OF NEVADA
COUNTY OF DOUGLAS

I, JOHN MELHANEY, residing at 822 SPRING VALLEY DR, GARDNERVILLE,
NEVADA 89410, being of legal age, depose and say that:

That _____,

ROBIN LYNN MELHANEY died on 12-26-2016 as
evidence by a certified copy of that Certificate of Death, attached hereto;

That I am the successor to the estate of the descendant and to the descendants interest in funds held by various institutions and no other person has a superior right to the interest of the decedents in the described property;

That no proceeding is being or has been conducted in _____ for
administration of the descendant's estate.

Oath of Affirmation:

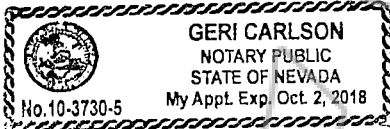
I certify under penalty of perjury under NEVADA law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

[Signature]
JOHN MELHANEY
5-30-18 Date

STATE OF Nevada, COUNTY OF Douglas, ss:

[Signature]
Notary Public

Notary Public
Title (and Rank)



My commission expires Oct 2, 2018

APN# : 1121-35-001-010
RPTT: \$0.00 Exempt #5

Recorded Electronically
ID 2016-892481
County BONAVILLE CO.
Date 12/29/16 Time 3:14PM
Simplifile.com 800.460.5657

Recording Requested By:
Western Title Company
Escrow No.: 084365-ARJ

When Recorded Mail To:
Jon E. McElhane
Robin McElhane
822 Spring Valley Drive
Gardnerville, NV 89410

Mail Tax Statements to: (deeds only)
Same as Above

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.
(Per NRS 239B.030)

Signature *M. Simpson*
Michelle Simpson Escrow Assistant

Grant, Bargain, and Sale Deed

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

GRANT, BARGAIN AND SALE DEED

THIS INDENTURE WITNESSETH: That

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

David R. Suggs and Judy E. Suggs, husband and wife as joint tenants

do(es) hereby GRANT(s) BARGAIN SELL and CONVEY to

Jon E. McElhanev and Robin McElhanev, Husband and Wife as Joint Tenants, with Right of Survivorship

and to the heirs and assigns of such Grantee forever, all the following real property situated in the City of Gardnerville, County of Douglas State of Nevada bounded and described as follows:

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

Lot 13, as shown on the Plat of SPRING VALLEY RANCHOS SUBDIVISION, UNIT NO. 1, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 6, 1967, as Document No. 39423 and Amended Map filed for record October 8, 1968, as Document No. 42547, Official Records of Douglas County, State of Nevada.

TOGETHER with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated: 11/23/2016

David R. Suggs 12-06-16
David R. Suggs

Judy E. Suggs 12-06-16
Judy E. Suggs

STATE OF Nebraska California

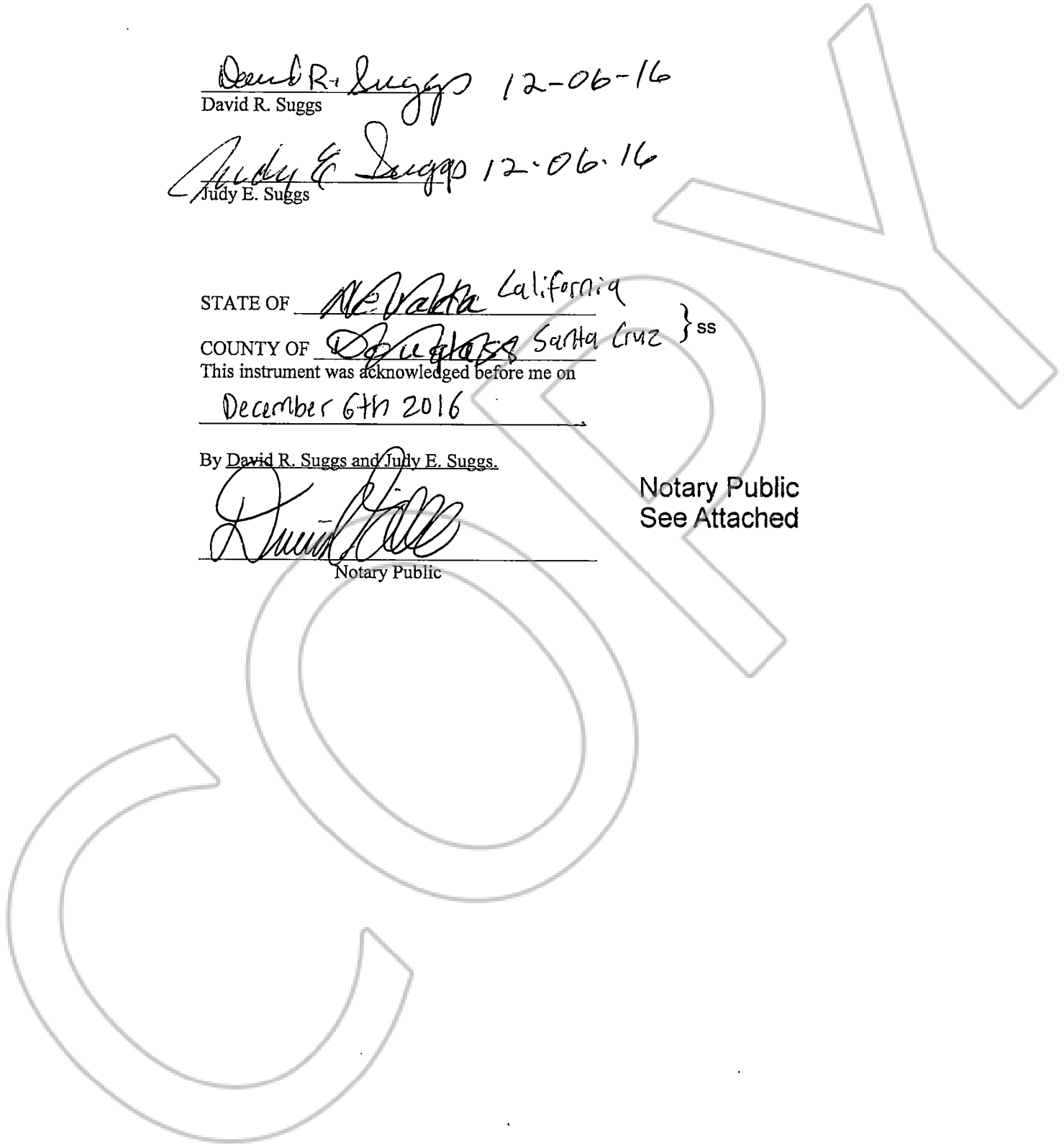
COUNTY OF DeWitt Santa Cruz } ss

This instrument was acknowledged before me on
December 6th 2016

By David R. Suggs and Judy E. Suggs.

[Signature]
Notary Public

Notary Public
See Attached



CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

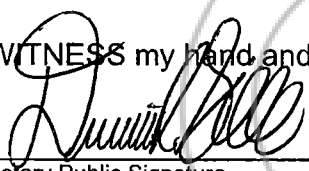
County of Santa Cruz }

On December 6th 2016 before me, David Alexander Gibbs, Notary Public,
(Here insert name and title of the officer)

personally appeared David Richard Suggs and Judy Ethel Suggs,
 who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

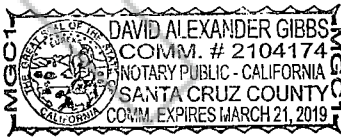
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT
Grant Bargain and Sale Deed
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 2 Document Date 12/6/16

CAPACITY CLAIMED BY THE SIGNER

Individual (s)
 Corporate Officer
(Title)

Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

- This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*
- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
 - Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
 - The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
 - Print the name(s) of document signer(s) who personally appear at the time of notarization.
 - Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they- is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
 - The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
 - Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
 - Securely attach this document to the signed document with a staple.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO

DEPARTMENT OF PUBLIC HEALTH

FRESNO, CALIFORNIA

CERTIFICATE OF DEATH

3052016257900

3201610007045

Form with sections: DECEDENT'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/SRDP AND PARENT INFORMATION, FUNERAL DIRECTORY LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY, STATE REGISTRAR.

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF FRESNO

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Fresno Co. Department of Public Health.



DATE ISSUED JAN 06 2017

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

COUNTY HEALTH OFFICER REGISTRAR OF VITAL STATISTICS

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

