



KAREN ELLISON, RECORDER E05

APN:1220-22-410-101  
Return document to:  
William Swisher  
1482 Kathy Way  
Gardnerville, NV 89460

Mail tax statements to:  
William Swisher  
1482 Kathy Way  
Gardnerville, NV 89460

STATE OF Nevada )  
COUNTY OF ~~Douglas~~ Carson City )  
G.A.

**DEATH OF GRANTOR AFFIDAVIT**  
Under NRS 111.699

THE AFFIANT, William J. Swisher, being duly sworn,  
deposes and says:

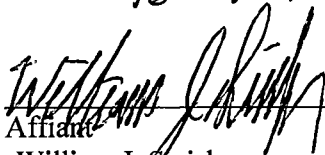
1. That Joan M. Swisher, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Joan M. Swisher, named as the grantor or as one of the grantors in the deed upon death recorded on July 17, 2018, as document or file number 2018-916848, book, at page, records of County, Nevada, covering the real property commonly known as 1482 Kathy Way, City of Gardnerville, County of Douglas, State of Nevada, and more particularly described as:  
Lot 906, as shown on the map of Gardnerville Ranchos Unit No. 7, filed for the record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974 in Book 374 Page 676 as file no. 72456.

2. That the affiant, William J. Swisher, is the beneficiary or at least one of the beneficiaries to whom the real property is conveyed upon the death of the grantor, Joan M. Swisher, 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:  
William J. Swisher, an unmarried man and Susie Swisher, a single woman, as tenants in common.


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).

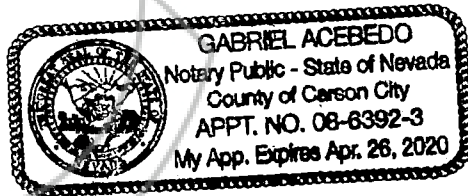
Dated this 16 day of August, 2018.

  
Affiant  
William J. Swisher  
Print name

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

Subscribed and sworn to on this 16<sup>th</sup> day of August, in the year 2018, before me, Gabriel Acebedo Notary Public,  
by \* William J. Swisher \*

  
Notary Public  
GABRIEL ACEBEDO  
Print name  
My commission expires: April 26, 2020



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4031318

### CERTIFICATE OF DEATH

2018014309  
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) <b>Joan Marie SWISHER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 19, 2018</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>82</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>August 10, 1935</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Pennsylvania</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>5280</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) <b>Banker (financial Manager)</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Banking</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1482 Kathy Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>James O CRISS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Marie A TAYLOR</b>		
18a. INFORMANT- NAME (Type or Print) <b>Susan FITZGERALD</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>220 N Pueblo Ave Ojal, California 93023</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town, State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN BLANSETT</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706</b>	
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) <b>AMANDA M GRIFFITH DO</b>			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) <b>July 25, 2018</b>		21c. HOUR OF DEATH <b>13:20</b>		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) <b>Amanda M Griffith DO, 1600 Medical Pkwy Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>DO1685</b>	
24a. REGISTRAR (Signature) <b>MELISSA KNIGHT</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 25, 2018</b>		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) <b>Cardiopulmonary Arrest</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Acute On Chronic Hypoxemic And Hypercapnic Respiratory Failure</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Interstitial Lung Disease</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Pneumonia</b>				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Chronic Obstructive Pulmonary Disease; Hypertension; Anemia; Hyperlipidemia; Unknown Etiology.</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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

000728628



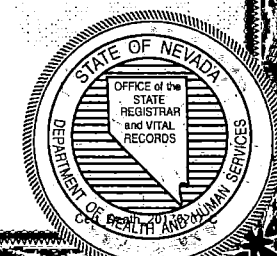
CERTIFIED COPY OF VITAL RECORDS

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: **7/31/2018**

*Julie Katchear*  
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. Assessor Parcel Number(s)  
 a) 1220-22-410-101  
 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 # 10.5  
 b. Explain Reason for Exemption: transfer upon death  
Mother to son

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 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 William J. Swisher Capacity \_\_\_\_\_ Grantee \_\_\_\_\_

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Joan Swisher  
 Address: 1482 Kathy Way  
 City: Gardnerville  
 State: NV Zip: 89460

Print Name: William Swisher  
 Address: 1482 Kathy Way  
 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)